

CUST ID# _____ APPT DATE _____ / / _____ TIME: _____ AM PM
 STEVE JOHN BRUCE
 GENE MARIA KURT
 OTHER: _____

******* PLEASE REVIEW and MAKE CORRECTIONS TO BOTH SIDES OF THE FORM *******

TAXPAYER INFORMATION

Taxpayer: _____ Middle: _____
 Last Name: _____
 S.S.N.: _____
 D.O.B.: _____ D.O.D.: _____
 TP Driver's License: _____
 TP E-mail Address: _____

SPOUSE INFORMATION

Spouse: _____ Middle: _____
 Last Name: _____
 S.S.N.: _____
 D.O.B.: _____ D.O.D.: _____
 SP Driver's License: _____
 SP E-mail Address: _____

CLAIMED AS A DEPENDENT? YES NO

If "YES," check which of the following apply:

Dependent Of: _____

- Under age 19
- Age 19-23 AND a full-time student at least 5 months
- Over age 23 with gross income under \$3,650

TELEPHONE NUMBERS

Address: _____
 City: _____ Home: _____ A.M. P.M.
 State: _____ Zip: _____ TP Work: _____ X _____ A.M. P.M.
 School District: _____ TP: Cell: _____ A.M. P.M.
 Mailing Address: _____ SP Work: _____ X _____ A.M. P.M.
 REFERRED BY: _____ SP Cell: _____ A.M. P.M.

DEPENDENT INFORMATION

<u>Last Name</u>	<u>First Name</u>	<u>Relationship</u>	<u>D.O.B.</u>	<u>S.S.N.</u>
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******* PER IRS GUIDELINES: ROUTING and ACCOUNT NUMBERS MUST BE VERIFIED *******

YES. I am interested in Direct Deposit! Financial Institution: _____
 Checking Savings Routing #: _____ Account #: _____

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TAXPAYER INFORMATION

TP Employer: _____
TP Occupation: _____
Self-Employed?: YES NO
Business Name: _____
Business Phone: _____
Activity: _____
Product: _____

SPOUSE INFORMATION

SP Employer: _____
SP Occupation: _____
Self-Employed?: YES NO
Business Name: _____
Business Phone: _____
Activity: _____
Product: _____

NOTES: