

## Taxpayer General and Personal Information

### Personal Information:

	Taxpayer	Spouse
First Name .....	_____	_____
Middle Initial .....	_____	_____
Last Name .....	_____	_____
Social Security Number .....	_____	_____
Occupation .....	_____	_____
Date of Birth (MM/DD/YYYY) .....	_____	_____
Date of Death (MM/DD/YYYY) .....	_____	_____
Indicate <b>X</b> if blind .....	_____	_____

### Driver's License Information:

	Taxpayer	Spouse
Driver's license or state issued ID number .....	_____	_____
Indicate <b>X</b> if State Issued ID - not Driver's license	_____	_____
State of Issuance .....	_____	_____
Issuance date (MM/DD/YYYY) .....	_____	_____
Expiration date (MM/DD/YYYY) .....	_____	_____
Indicate <b>X</b> if does not expire .....	_____	_____

### Contact Information:

Street Address .....	_____	
Apartment Number .....	_____	
City .....	_____	
State .....	_____	
ZIP Code .....	_____	
Foreign County or Province .....	_____	
Foreign Country .....	_____	
E-mail address .....	_____	
	Taxpayer	Spouse
Home Phone number .....	_____	_____
Work / Cell Phone number .....	_____	_____
Fax number .....	_____	_____

### Additional Information:

	Taxpayer	Spouse
Indicate <b>X</b> if contributed to the Presidential Election Campaign Fund .....	_____	_____
Indicate <b>X</b> if IRS or other taxing authority can discuss the return with the preparer .....	_____	_____

