FIRST NAME	LAST NAME	SSN		PHONE	DOB	
			H			
			W		Dependent	
OCCUPATION		Nonresident	If Deceased, DOD	C	BLIND	
		Alien [ ]		F	Military?	

E-MAIL					TEXT OK?	

FIRST NAME	LAST NAME	SSN		PHONE	DOB	
			H			
			W		Dependent	
OCCUPATION		Nonresident	If Deceased, DOD	C	BLIND	
		Alien [ ]		F	Military?	

E-MAIL					TEXT OK?	

STATE OF RESIDENCE	PART YEAR Moved From[__]To [__]	OK	Date _____
TAXPAYER	State Moved From[__]To [__]		Date _____
SPOUSE	State Moved From[__]To [__]		Date _____

MAILING ADDRESS	PHYSICAL ADDRESS if mailing address is a PO Box
Street # or PO Box	Street #
City State ZIP	City State Zip

REFUND OPTIONS

DIRECT DEPOSIT FOR REFUNDS - ATTACH A VOIDED CHECK *(PREFERRED)*

Deposit Slip or Account Card IF they have the Actual Bank Routing # & FULL Account #. (Note, Some Do Not)

(OR, fill in below--NOT RECOMMENDED)

BANK NAME _____

IF THIS INFORMATION IS NOT | Checking | | Savings

CORRECT YOUR REFUND WILL

TAKE MONTHS TO PROCESS.   **ROUTING #** _____

CREDIT UNION MEMBERSHIP

CARDS DO NOT HAVE THE   **ACCOUNT #** _____

COMPLETE ACCOUNT NUMBER

REQUIRED - Copy of your Current Picture ID

NEW CLIENTS or Dependents - Copy of Social Security Card or ITIN letter for you & all dependents, or for the New Dependent

ATTACH ID COPIES HERE