

# CONTACT INFORMATION

PRIMARY (First Name to Appear on the Return)

FIRST NAME	LAST NAME	SSN	PHONE C	DOB
OCCUPATION		NR Alien	If Deceased, DOD	W

<b>E-MAIL</b>	<b>BLIND</b>	
	<b>Military?</b>	

SPOUSE

FIRST NAME	LAST NAME	SSN	PHONE C	DOB
OCCUPATION		NR Alien	If Deceased, DOD	W

<b>E-MAIL</b>	<b>BLIND</b>	
	<b>Military?</b>	

RESIDENCE

STATE OF RESIDENCE	Part Year Moved FROM ___ TO ___	<b>OK</b>	Date
TAXPAYER	STATE Moved FROM ___ TO ___		Date
SPOUSE	STATE Moved FROM ___ TO ___		Date

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

## DIRECT DEPOSIT INFORMATION FOR REFUNDS - ATTACH OR PROVIDE A VOIDED CHECK

A Voided Check is PREFERRED. We can use a Deposit Slip or Account Card IF they have the Actual Bank Routing # AND FULL Account #. (Note, Some Do Not). OR, fill in below--NOT RECOMMENDED

IF THIS INFORMATION IS NOT CORRECT YOUR REFUND WILL TAKE MONTHS TO PROCESS.  
**CREDIT UNION MEMBERSHIP CARDS DO NOT HAVE THE COMPLETE ACCOUNT NUMBER**

BANK NAME		
ROUTING #	CHECKING	
ACCOUNT #	SAVINGS	

CURRENT PICTURE ID REQUIRED. PLEASE BRING OR PROVIDE DIGITALLY  
New Clients or New Dependents - Also Provide a Copy of Social Security Card or ITIN letter for you & all dependents, or for any New Dependent

## ATTACH ID COPIES HERE