



Five Star Tax & Business Solutions TAXPAYER INFORMATION FORM

(Please Print)

Today's date:			Tax Year(s):		
TAXPAYER INFORMATION					
Taxpayer's Name:			Social Security Number:		Marital status (circle one): Single / Mar / Div / Sep / Wid
Is this your legal name? Check Y or N below <input type="checkbox"/> Yes <input type="checkbox"/> No	If not, what is your legal name as printed on Social Security Card?		Occupation:		Birth date: / /
					Blind: <input type="checkbox"/> Yes <input type="checkbox"/> No
					Disabled: <input type="checkbox"/> Yes <input type="checkbox"/> No
Street address: P.O. box/Apartment Number:			Home Phone: ()		Cell/Work Phone: ()
City:		State:	ZIP Code:		Email Address:
Spouse's Name:				Social Security Number:	
Is this their legal name? Check Y or N below <input type="checkbox"/> Yes <input type="checkbox"/> No	If not, what is their legal name as printed on Social Security Card?		Occupation:		Birth date: / /
					Blind: <input type="checkbox"/> Yes <input type="checkbox"/> No
					Disabled: <input type="checkbox"/> Yes <input type="checkbox"/> No
Check if parent (or someone else) can claim you as a dependent: <input type="checkbox"/> Yes <input type="checkbox"/> No			Check if you lived apart from your spouse for all of tax year: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Please Indicate Marital Status:		<input type="checkbox"/> Single	<input type="checkbox"/> Married Filing Joint	<input type="checkbox"/> Married Filing Separate	<input type="checkbox"/> Head of Household <input type="checkbox"/> Qualifying Widow(er)
Head of Household: if the person is a child but not a dependent: Name:				SSN:	

DEPENDENT INFORMATION

(Please skip this section if no dependents. Please See 2nd Page for Additional Dependents)

Dependent Name:	Social Security Number:	Birth date:	Relationship	# of months lived with you:
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The above information is true to the best of my knowledge. I understand that I am legally responsible for all information presented on this form and I understand that this information will be used to prepare my tax return.

Taxpayer Signature

Date

Spouse's Signature

Date

DEPENDENT INFORMATION

(Additional Dependent Information)

Dependent Name:	Social Security Number:	Birth date:	Relationship	# of months lived with you:
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