

"2020" CLIENT INCOME TAX INFORMATION SHEET "2020"

PLEASE COMPLETE AND BRING TO YOUR TAX INTERVIEW APPOINTMENT

Your Information

Last Name

First Name and Middle Initial

Social Security Number

Date of Birth

Age as of 12/31/2020

General Occupation

Taxpayer Cell Phone

Spouse Information for Joint Return

Spouse Last Name

Spouse First Name and Middle Initial

Spouse Social Security Number

Spouse Date of Birth

Age as of 12/31/2020

Spouse General Occupation

Spouse Cell Phone

Mailing Address, City, State, Zip

Home Telephone

What Is Your Primary E-mail Address?

What, If Any, Is Your Secondary E-mail Address?

**Full Name (Including First Name, Middle Initial and Last Name),
Social Security Number and Date of Birth For All Dependents
(If same as last year, write *SAME*)**

Full Name - First, Middle Initial and Last

Social Security Number

Date of Birth (as of 12/31/2020) ^{Age}