

Personal Information

2013

Taxpayer:

First Name and Initial	Last Name	Social Security Number
Occupation	Date of Birth (Mo/Da/Yr)	Date of Death (Mo/Da/Yr)

Spouse:

First Name and Initial	Last Name	Social Security Number
Occupation	Date of Birth (Mo/Da/Yr)	Date of Death (Mo/Da/Yr)

Contact Information:

Street Address	Apartment Number	
City	State	ZIP or Postal Code
Province or County		
Foreign Country		
Taxpayer Daytime/Work Phone	Spouse Daytime/Work Phone	
Taxpayer Evening/Home Phone	Spouse Evening/Home Phone	
Taxpayer Foreign Phone	Spouse Foreign Phone	
Taxpayer Cell Phone	Spouse Cell Phone	
Taxpayer Fax Number	Spouse Fax Number	
Taxpayer Email Address		
Spouse Email Address		
Preferred Method of Contact		

May the IRS or other taxing authority discuss the return with the preparer?

Is the taxpayer claimed as a dependent on someone else's tax return?

Yes	No

Are you considered legally blind per IRS regulations?

Do you want to contribute to the Presidential Election Campaign Fund?

Taxpayer		Spouse	
Yes	No	Yes	No