



Tax Preparation Worksheet

Taxpayer Name: (*Last, First Middle Initial*): _____

Social Security Number: _____ - _____ - _____

Date of Birth: _____
Month Date Year

Occupation Title: _____

Spouse's Name: (*Last First, Middle Initial*): _____

Social Security Number: _____ - _____ - _____

Date of Birth: _____
Month Date Year

Occupation Title: _____

Current Address: _____
Street

City State Zip

Dependent(s):

Name Social Security Number DOB Mo. Lived w/ you

Name Social Security Number DOB Mo. Lived w/ you

Name Social Security Number DOB Mo. Lived w/ you

Are you self-employed?: Y / N

If yes, EIN: _____ - _____

Please attach all reported income/withholdings, profit and loss statement(s) and list of business expenses per tax year. (Please DO NOT send box of receipts unless you signed an agreement for bookkeeping services))

Married Jointly/Separately _____ **Single** _____ **Head of Household** _____

If Head of Household, dependant qualifying for exemption is _____