

Referred By:

Last Serviced

# TAX DEPOT

DATE: \_\_\_\_\_

## APPLICATION: PERSONAL TAX PREPARATION

### PRIMARY TAXPAYER:

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ MIDDLE INIT.: \_\_\_\_\_ DOB: \_\_\_\_\_ SOCIAL SECURITY# \_\_\_\_\_

OCCUPATION \_\_\_\_\_

### SPOUSE:

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ MIDDLE INIT.: \_\_\_\_\_ DOB: \_\_\_\_\_ SOCIAL SECURITY# \_\_\_\_\_

OCCUPATION \_\_\_\_\_

### ADDRESS:

STREET NAME: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ Y  N   
OWN HOME: \_\_\_\_\_

### CONTACT INFORMATION

HOME PHONE: \_\_\_\_\_ BUS. PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

### Drivers License

FILING STATUS	
Married: <input type="checkbox"/>	Single: <input type="checkbox"/>
Head of Household: <input type="checkbox"/>	
MFS* <input type="checkbox"/>	

PRIMARY
Issue: _____
No.: _____
State: _____
Expire: _____

SPOUSE
_____
_____
_____
_____

2008 FIRST TIME HOMEBUYER CREDIT
<b>Did you purchase a home between (4/8-12/31/2008)?</b>
<input type="checkbox"/> Y <input type="checkbox"/> N

### DEPENDENT INFORMATION:

DEPENDENT NAME:

DOB:

SOCIAL SECURITY:

RELATIONSHIP:

COLLEGE STUDENT		
Y	<input type="checkbox"/>	N <input type="checkbox"/>
Y	<input type="checkbox"/>	N <input type="checkbox"/>
Y	<input type="checkbox"/>	N <input type="checkbox"/>
Y	<input type="checkbox"/>	N <input type="checkbox"/>

### MOTHER'S MAIDEN NAME

Taxpayer: \_\_\_\_\_

Spouse: \_\_\_\_\_

College Name: \_\_\_\_\_

College Name: \_\_\_\_\_

### BANKING INFORMATION

Bank Name: \_\_\_\_\_

Routing No.: \_\_\_\_\_

Account No.: \_\_\_\_\_

Account Type: \_\_\_\_\_

### CHILD CARE PROVIDER SECTION

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

EIN/SS#: \_\_\_\_\_

TELEPHONE #: \_\_\_\_\_

DEPENDENT NAME: \_\_\_\_\_

AMT. PAID: \_\_\_\_\_

Please note that the purpose of this form is to gather information to be used to prepare your tax return. All information is implicitly protected and will not be used except for that purpose. Applicant, by the use of this form, gives Tax Depot permission to transmit the tax return to the IRS and/or EPS Financial.

Signature: \_\_\_\_\_

Phone: 770-641-8814
Fax: 770-587-4339
Email: tax-depot@mindspring.com