Please complete the information sheet. Be sure to provide your valid photo identification and SS card/ ITIN letter. Please provide proof of health insurance, if applicable.

Referred by:			
Taxpayer	Spouse		
Full Legal Name	Full Legal Name		
Date of Birth	Date of Birth		
Social Security #/ITIN	Social Security #/ITIN		
Mailing Address	Mailing Address		
Primary Phone	Primary Phone		
Secondary Phone	Secondary Phone		
Email	Email		
	endent Information		

Dependent Information			
Full Legal Name	Date of Birth	Social Security #/ ITIN	Relationship to Taxpayer

Complete for Direct Deposit of Refund to your Bank Account

I/We author	ze the direct deposit of my/our IRS income tax refund to my/our account, as indicated below:
Bank Name	
Routing Number _	Account Number