



Vital Statistics

Taxpayer Name _____ Soc. Sec. # _____

Occupation _____ Birth date _____

Spouse Name _____ Soc. Sec. # _____

Occupation _____ Birth date _____

Address _____

City _____ State _____ Zip Code _____

Best Phone _____ Alternate Phone _____

E-mail address for tax correspondence _____

Marital status Dec. 31st Single Married Widow/widower Divorced

Do you have dependents? Yes No How Many? _____

Notes:
