



TAX PAYER APPLICATION

TAX YEAR

Personal Information

Please Print Clearly

First Name: MI: Last Name:

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SSN/ITIN: DOB:

	<input type="checkbox"/> Is ITIN?	
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Occupation:

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Email:

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Victims of Identity Theft
Enter the 6-digit PIN assigned to you from the letter titled "Notice CP01A". Otherwise, leave blank.

Identity Theft PIN:

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DL/ID Number: State:

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Issue Date:

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Expiration Date:

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Cell Phone:

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Carrier:

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Spousal Information

First Name: MI: Last Name:

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SSN/ITIN: DOB:

	<input type="checkbox"/> Is ITIN?	
--	-----------------------------------	--

Occupation:

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Email:

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Victims of Identity Theft
Enter the 6-digit PIN assigned to you from the letter titled "Notice CP01A". Otherwise, leave blank.

Identity Theft PIN:

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DL/ID Number: State:

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Issue Date:

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Expiration Date:

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Cell Phone:

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Carrier:

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*The following information must be completed in full, and will be kept in the strictest confidence.

Client Address			Spouse Address		
Street 1: <input type="text"/>			Street 1: <input type="text"/>		
Street 2: <input type="text"/>			Street 2: <input type="text"/>		
City: <input type="text"/>	State: <input type="text"/>	Zip: <input type="text"/>	City: <input type="text"/>	State: <input type="text"/>	Zip: <input type="text"/>

Dependents Information:			
First Name: <input type="text"/>	Last Name: <input type="text"/>	Relationship: <input type="text"/>	
DOB: <input type="text"/>	SSN/ITIN: <input type="text"/>	<input type="checkbox"/> Is ITIN?	

First Name: <input type="text"/>	Last Name: <input type="text"/>	Relationship: <input type="text"/>	
DOB: <input type="text"/>	SSN/ITIN: <input type="text"/>	<input type="checkbox"/> Is ITIN?	

First Name: <input type="text"/>	Last Name: <input type="text"/>	Relationship: <input type="text"/>	
DOB: <input type="text"/>	SSN/ITIN: <input type="text"/>	<input type="checkbox"/> Is ITIN?	

First Name: <input type="text"/>	Last Name: <input type="text"/>	Relationship: <input type="text"/>	
DOB: <input type="text"/>	SSN/ITIN: <input type="text"/>	<input type="checkbox"/> Is ITIN?	

Initial: 

*The following information must be completed in full, and will be kept in the strictest confidence.

Authorization Signatures

I hereby authorize Tax Payers Bureau to prepare and file my federal and/or state income taxes. I understand by signing and submitting the application, I am submitting to the process of tax preparation by Tax Payers Bureau. I also authorize Tax Payers Bureau to deduct preparation fees and all other associated fees from tax refund as payment for services rendered. By signing this application I acknowledge that the information provided is true and factual and I bear the sole responsibility to provide all supporting documentation as in, but not limited to the following:

- Drivers License/State Id (Paper form from DMV will work)
- Social Security Card for myself (Paper form from SSA will work)
- If applicable my spouse's Drivers License/State Id (Paper form from DMV will work)
- If applicable my spouse's Social Security Card (Paper form from SSA will work)
- Social Security Card for any dependents I am claiming (Paper form from SSA will work)
- If applicable W2
- If applicable 1099
- If applicable Schedule C Declaration (Ask TPB Tax Preparer for form)
- If applicable Proof of Head of Household (Ask TPB Tax Preparer for form)
- Any other information that may assist with completing your return (Ask TPB Tax Preparer if you have any questions)

Printed Name:

Date:

Signature:

