

O John Doe 444334444 555-555-5555 jdoe@mywebsite.com 3-23-2017

Tax Return





123 East Lake

456 N. Dakota Dr.

1900 E Sahara Ave

1900 E Sahara Ave	0	Add	Save	×	Close
Office(s) Employee(s)					
Owner/Manager's Name					_
Address					J
Address					٦
City					_
State					_ _
Zip Code					_ _
Phone					_ _
Email					7
Username					_
Password					_
Frado Verde Prado	600	and here		CO.	
Longitude					







1900 E Sahara Ave

123 East Lake

456 N. Dakota Dr.

1900 E Sahara Ave	⊕ Add	Save	×	Clos
Office(s) Employee(s)				
Employee				_
				J
Title				7
Phone				_
				٦
Email				_
Username				_
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Hours of Operation				_
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About				
				٦
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Picture				
		*	Uplo	ad





James Taylor Linda Johnson



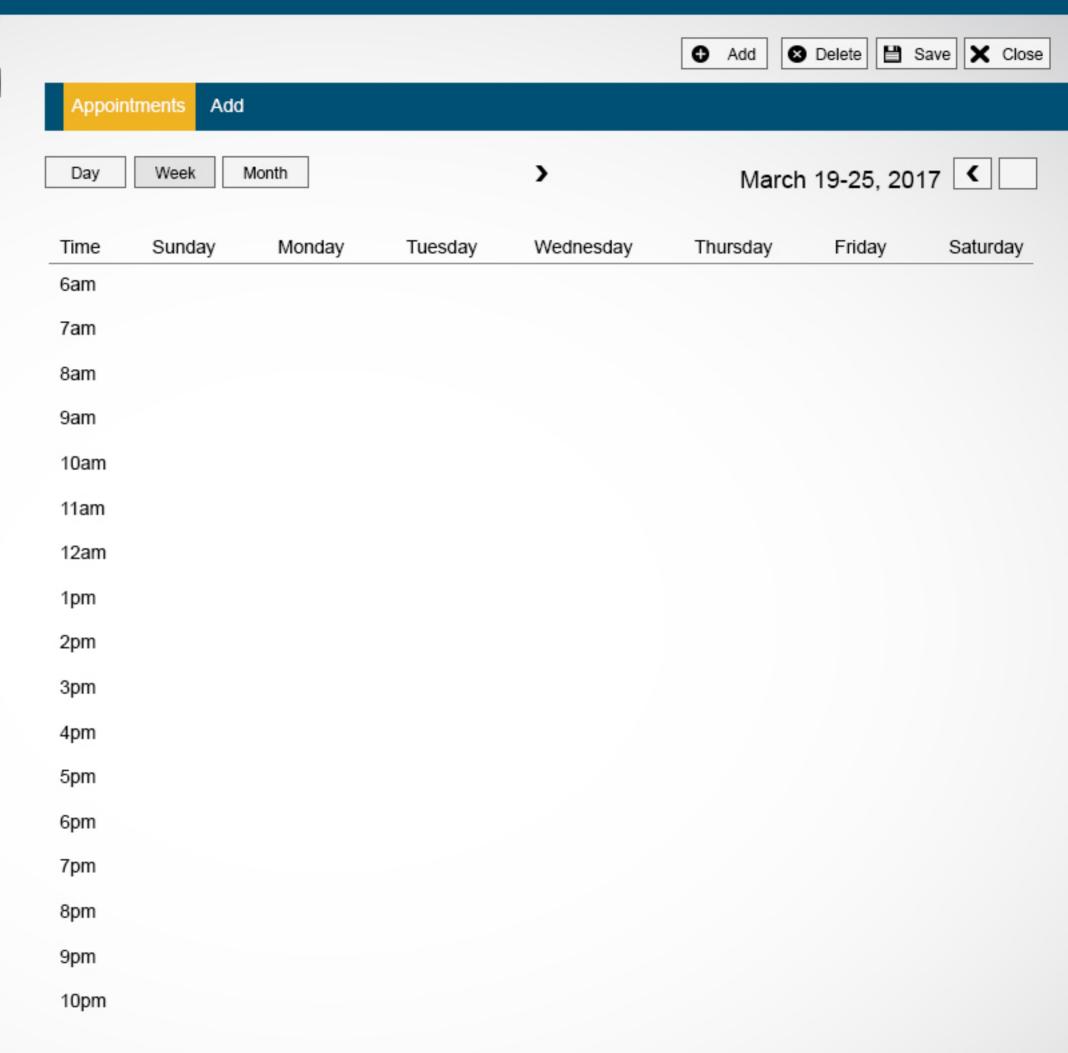






John Doe James Taylor

Linda Johnson







Add

John Doe

James Taylor Linda Johnson



Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
			1	2	3	4







James Taylor

Linda Johnson

					0	Add	8	Delete	Save	×	Close
Appointments Add											
Taxpayer											7
Phone											_
Email											_
Service											_
Notes											
										/	
Date	i	Time									







Jame Smith

Mark Johnson

John Doe	× Clo
Email Images	
Taxpayer	
Phone	
Email	
Reason for submission	
	1/1





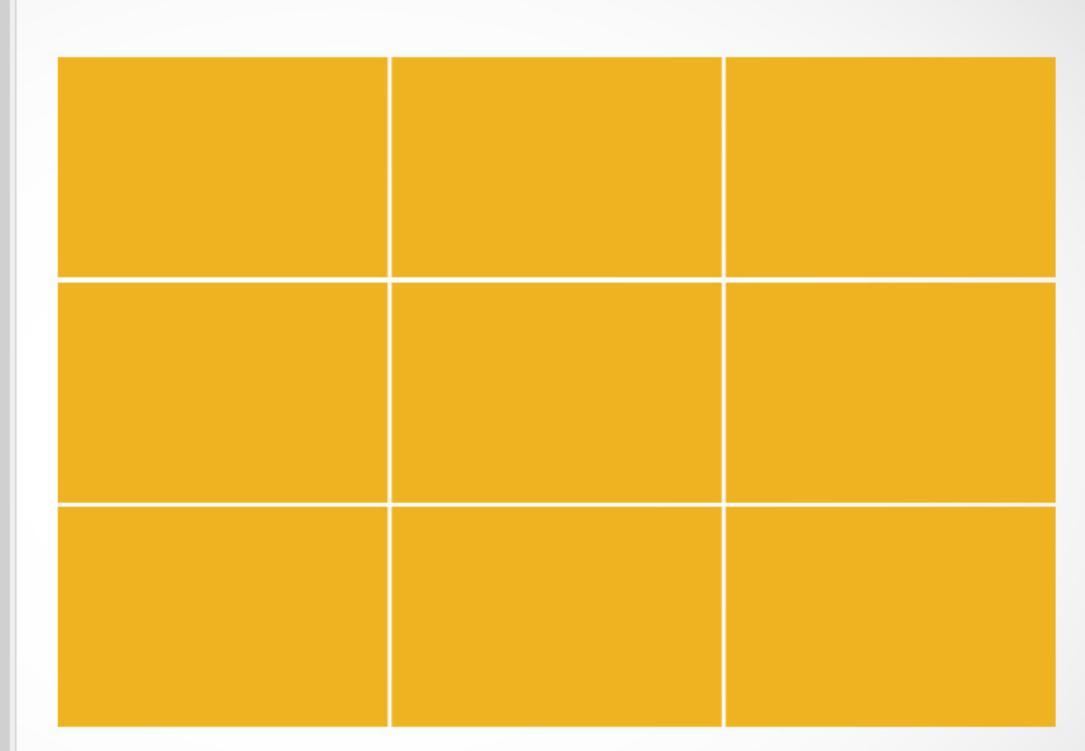


Jame Smith

Mark Johnson

John Doe

Email Images









John Doe							B Save X €	Close
Taxpayer	Spouse	Address	Dependents1	IrDægæsndent2	Dependent3	Dependent4	Dependent5 II	mag
First Name								
Middle Name								J
Middle Name								٦
Last Name								
Data of Birth								
Date of Birth								٦
Social Securi	ty Number							_
Diver License	e/ID Numbe	er						7
Issue State								_
Issue Date								7
Expiration Da	ite							_
Employment								7
Filing Status								_
Number of De	ependents							7
L Email								_
Cellular Num	ber							7
Cellular Provi	ider							
								7







John Doe							Save	Clos
Taxpayer	Spouse	Address	Dependents1	IrDægnæsndent2	Dependent3	Dependent4	Dependent5	Imaç
First Name								\neg
Middle Name								
Last Name								-
Date of Birth								_
Social Securit	y Number							_
Diver License	/ID Numbe	er						_
Issue State								_
Issue Date								
Expiration Da	te						/ / / /	
Expiration bu								\neg
Employment								
								\Box
Email								_
Cellular Numb	oer							







John Doe							B Save X	Clos
Taxpayer	Spouse	Address	Dependents1	Dependent2	Dependent3	Dependent4	Dependent5	Imag
Address								
Apartment No	umber							_
City								_
State								_
7:- 0-1-								
Zip Code								\neg







John Doe							Bave Save Save	Clos
Taxpayer	Spouse	Address	Dependents1	Dependent2	Dependent3	Dependent4	Dependent5	Imag
First Name								
Middle None	1							
Middle Name								\neg
Last Name								
Date of Birth								
Social Securit	ty Number							
Relationship								_
Ot a dead								
Student								
Disabled								









