

INDIVIDUALS

Intake Form – JK Tax Service INC

Date: ____ - ____ - ____

Taxpayer Personal Information

* Note: All Name Spellings & SSN must match what is printed on the Social Security Cards.

Name: _____ Home Phone (____)

Address: _____ Work Phone (____)

City: _____ State: _____ Zip _____ Cell Phone (____)

Occupation: _____ Email _____

Copy of Driver's License Number _____

D.O.B: ____ - ____ - ____ S.S. #: ____ - ____ - ____ Marital Status: S - M/Joint - M/Separate - HH - QW

Spouse Personal Information

* Note: All Name Spellings & SSNs must match what is printed on the Social Security Cards.

Spouse Full Name: _____ Occupation: _____

Spouse - D.O.B: ____ - ____ - ____ S.S. #: ____ - ____ - ____

Dependant Information:

*Note: All Name Spellings & SSNs must match what is printed on the Social Security Cards. (Attach Additional Officers)

Full Name: _____ D.O.B: ____ - ____ - ____ S.S. #: ____ - ____ - ____
____ - ____ - ____ Relationship _____ Number of Months Dependent
lived with you _____

Full Name: _____ D.O.B: ____ - ____ - ____ S.S. #: ____ - ____ - ____
____ - ____ - ____
Relationship _____ Number of Months Dependent lived with you _____

Full Name: _____ D.O.B: ____ - ____ - ____ S.S. #: ____ - ____ - ____
____ - ____ - ____

Relationship _____ Number of Months Dependent lived with you

** Any custody agreements must accompany divorce decree for clarification.

Comments:

Direct Deposit info: Checking / Savings - Routing#	Acct #

November 10, 2020