

Miller Crossing Tax Services

Information Sheet



Taxpayer's first name	Initial	Last Name	Social Security No.	Date of Birth

Tax Payer's Occupation

Spouse's first name	Initial	Last Name	Social Security No.	Date of Birth

Spouse's Occupation

Present Home Address

Zip Code	City	State

State of Legal Residence

Email Address

Telephone Numbers	Taxpayer	Spouse
Work	<input type="text"/>	<input type="text"/>
Home	<input type="text"/>	<input type="text"/>
Cellphone	<input type="text"/>	<input type="text"/>

Filing Status : Single Married Filing Jointly Married Filing Separately Head of House hold

Were you legally married as of December 31 <input type="checkbox"/> YES <input type="checkbox"/> NO	Is your spouse deceased? <input type="checkbox"/> Yes <input type="checkbox"/> NO
If married, were you living together on/after June 30 <input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, date spouse died (mm,dd,yy) <input type="text"/>
Can anyone else claim you or you spouse on their tax return? <input type="checkbox"/> YES <input type="checkbox"/> NO	

Dependents Information

(Enter information exactly as shown on social security card)

	Tax Payer	Spouse
Check if U.S. Citizen or resident	<input type="checkbox"/>	<input type="checkbox"/>
Check if in the U.S. For more than 6 months	<input type="checkbox"/>	<input type="checkbox"/>
Check if legally blind	<input type="checkbox"/>	<input type="checkbox"/>
Check if totally & permanently disabled	<input type="checkbox"/>	<input type="checkbox"/>

First Name	Last Name	Date of Birth	Social Security No.	Relationship	Months in Home	Disabled (Yes or No)

Do you want Direct Deposit to a Savings Account or a Checking Account

Routing Number (Left 9 digits on bottom of check)

Account Number

Miller Crossing Tax Services

Consent Agreement



I _____ give Miller Crossing Tax Service permission to file my _____ tax return. I acknowledge that everything in my tax return is accurate to the best of my knowledge and has been explained to me by my tax preparer. I have been made aware that I am liable for all information contained in my tax return and not the preparer.

(Customer)

(Date)

(Tax Preparer)

(Date)