



Taxpayer Info

1) Please provide the following information	
Taxpayer Name	
DOB	
Social Security Number	
Your Address	
Occupation	
Phone #	

2) Please tell us how you will be filing this year	
I have a W-2	
I am self employed	
I have a W-2 AND I am also Self Employed	

3) How are you filing	
Single	
Married filing jointly	
Married filing separate	
Head Of Household	
Qualifying Widow	

Spouse

Please complete the following if you are married

4) Please provide the following information for your spouse	
Name of Spouse	
DOB	

SSN	
Occupation	
Phone #	

5) Do you have any dependents?	
Yes	
No	

Dependents Info

6) Dependent #1	
Name	
DOB	
SSN	
Relationship	
Is this dependent disabled	

7) Dependent #2	
Name	
DOB	
SSN	
Relationship	
Is this dependent disabled	

8) Dependent #3	
Name	
DOB	
SSN	
Relationship	
Is this dependent disabled	

9) If relationship is NOT son or daughter for any dependent(s), why are the parents not claiming child(ren).
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10) Did dependent(s) live with you for more than 6 months.	
Yes	
No	

11) Did you provide more than half of support for the dependent(s)?	
Yes	
No	

Acknowledgements

I understand it is my responsibility to keep records of my income and to pay taxes on said income at the end of the year. As such, I verify that all income and dependent information I have provided to Total Taxes LLC. is true and accurate. I certify that I have reviewed reported figures for income and expenses as detailed on Schedule C and find them to be accurate according to my calculations.

I make these statements with knowledge that knowingly making false or fraudulent statement on any document submitted to the IRS could result in repaying the erroneous refunds, including interest and penalties and in some cases prosecution.

12) Please type your Full Name