

ADAM VALDEZ CPA PLLC

	FIRST NAME	MIDDLE INITIAL	LAST NAME	SOCIAL SECURITY #	DATE OF BIRTH
TAXPAYER:				- -	/ /
SPOUSE:				- -	/ /
DEPENDENT 1:				- -	/ /
DEPENDENT 2:				- -	/ /
DEPENDENT 3:				- -	/ /
DEPENDENT 4:				- -	/ /

CONTACT INFORMATION

STREET ADDRESS:			
CITY/STATE/ZIP:			
HOME PHONE:		OTHER PHONE:	
TAXPAYER CELL:		SPOUSE CELL:	
TAXPAYER EMAIL:			
SPOUSE EMAIL:			
PREFERRED CONTACT METHOD:			

TAXPAYER OCCUPATION:	
SPOUSE OCCUPATION:	

BANK INFORMATION (FOR AUTOMATIC WITHDRAWALS/DEPOSITS):

BANK NAME:		Checking	Savings
ROUTING NUMBER:		ACCOUNT NUMBER:	

TAXPAYER DL#		ISSUE DATE		EXPIRATION	
SPOUSE DL#		ISSUE DATE		EXPIRATION	

OTHER NOTES: