



Personal Application

E	<input type="checkbox"/>	Last Served
P	<input type="checkbox"/>	
R	<input type="checkbox"/>	

For Office Use Only

Primary Taxpayer

Last Name	First Name	M. I.	D.O.B.	SSN #	Occupation
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Spouse

Last Name	First Name	M. I.	D.O.B.	SSN #	Occupation
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Address

Street Address	City	State	Zip	Own home? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Contact Information

() ()	() ()	Email Address
Cell Phone	Home / Business Phone (<i>Circle One</i>)	

Filing Status
<input type="checkbox"/> Single
<input type="checkbox"/> Married
<input type="checkbox"/> Head of Household
<input type="checkbox"/> Married Filing Separate

Driver's License - Primary
Issue Date
No.
State
Expiration

Driver's License - Spouse
Issue Date
No.
State
Expiration

Banking Information*

** If banking information is left blank, your refund check will be mailed.**

Bank Name	Routing Number	Account Number	<input type="checkbox"/> Checking
			<input type="checkbox"/> Savings

Dependent Information

Name	D.O.B.	SSN #	Relationship	College Student?
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No

Dependent's Childcare Provider
Provider Name
Address
EIN / SSN #
Phone
Dependent Name
Amount Paid

Dependent's College
College Name
College Name

Mother's Maiden Name
Primary
Spouse

The purpose of this form is to gather information to be used to prepare your tax return. All information is implicitly protected and will not be used except for that purpose. Applicant, by the use of this form, gives Tax Depot Financial Services permission to transmit the tax return to the IRS and/or EPS Financial.

Phone: 770. 641. 8814
 Fax: 770. 587. 4339
 Email: taxdepotfinancialservices@gmail.com

Signature _____