

Jonna Albert Accounting
Tax Return Tracer

Date: _____

Last Name: _____

Tax Payer: _____

SS #: _____

Occupation: _____

Date of Birth: _____

Work Phone: _____

Cell Phone: _____

Spouse: _____

SS #: _____

Occupation: _____

Date of Birth: _____

Work Phone: _____

Cell Phone: _____

Address: _____ City: _____

State/Zip: _____ County: _____

Home Phone: _____ Fax: _____

E-Mail: _____

| Dependents | First Name | Last Name | Claim? | Date of Birth | Social Security No. |
|------------|------------|-----------|--------|---------------|---------------------|
| | 1 | | Y or N | | |
| | 2 | | Y or N | | |
| | 3 | | Y or N | | |
| | 4 | | Y or N | | |
| | 5 | | Y or N | | |
| | 6 | | Y or N | | |

Do you want to direct deposit? Y or N If yes, we will need to make a copy of a voided check.

Do you pay long term healthcare premiums? Y or N

Do you pay for your health insurance outside of a cafeteria plan? Y or N