

(PLEASE PRINT CLEARLY)

TAXPAYER

First, Middle, Last Name: _____
(As Shown on Social Security Card)

Date of Birth: _____

Social Security #: _____ Male_____ Female_____

Phone #: _____ Text Msg (Y or N): Appt Reminder/Pickup Notification

ADDRESS: (Street, Apt #, City, State, Zip):

Email: _____

County: _____

School District: _____

SPOUSE

First, Middle, Last Name: _____
(As Shown on Social Security Card)

Date of Birth: _____

Social Security #: _____ Male_____ Female_____

Phone #: _____ Text Msg (Y or N): Appt Reminder/Pickup Notification

Email: _____

DEPENDENT

First, Middle, Last Name: _____
(As Shown on Social Security Card)

Date of Birth: _____

Social Security #: _____ Male_____ Female_____

DEPENDENT

First, Middle, Last Name: _____
(As Shown on Social Security Card)

Date of Birth: _____

Social Security #: _____ Male_____ Female_____

DEPENDENT

First, Middle, Last Name: _____
(As Shown on Social Security Card)

Date of Birth: _____

Social Security #: _____ Male_____ Female_____

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(As Shown on Social Security Card)

Date of Birth: _____

Social Security #: _____ Male_____ Female_____

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