



Date _____

875 South Main Street, Plymouth, MI 48170
 734-454-4100 phone ~ 734-454-1300 fax
 www.atscpas.com

Basic Taxpayer Information

	TAXPAYER	SPOUSE
Last Name		
First Name		
Soc. Sec. Number		
Birth date		
Drivers License Number		
Occupation		

Street Address	Apt. #		
	City	Zip Code	
Home Phone			
Work Phone (T)		Cell Phone	
Work Phone (S)		Cell Phone	
Email (Taxpayer)			
Email (Spouse)			

Dependent Information

Name First name & middle initial Last name – (if different from yours)	Social Security Number	DOB	Relationship

For Office Use Only: Date Init Date Init

Datebase Updated:		Outlook Updated:	
Entered in QB:		Notes:	