

SAI Services LCC

Tax & Financial Solutions

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Information: Tax Payer and Dependence if any

First Name	Last Name	Middle Name
Date of Birth (mm/dd/yyyy)	SSN#:	Occupation

Street	APT #	
City	State	Zip Code
Phone:	Evening	Best time to Call
Emails:		
Immigration Status: Citizen/Green Card/H1/B1/Asylum, other.....		

Filing Status	Single	Married Jointly/Separately/Head of household/Widow(er)
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Dependence (Spouse): First Name	Last Name	Middle Name
Date of Birth (mm/dd/yyyy):	SSN#	Occupation:
Phone:	E-mail:	

Dependence (Child1): First Name	Last Name	Middle Name
Date of Birth (mm/dd/yyyy)	SSN#	Relation:
Phone:	E-mail:	

Dependence (Child2): First Name	Last Name	Middle Name
Date of Birth (mm/dd/yyyy)	SSN#	Relation:

Banking info: Name of bank: _____ **Rt:** _____ **A/C:** _____

Required information/copy:

- Social Security No of tax payer, spouse and dependents if any. * Social Security No (SSN) or Tax Payer Identification No (TPIN) of all **dependents: Son, Daughter, Child, Parent, Grand Parent, Grand Child, Brother, Sister, Aunt, Uncle and Nephew**
- Income Sources: Wages Income-W2, Gambling Income-2G, Interest Income -1099 INT, Dividend Income-1099 Div, Foreclosures-1099A, Unemployment Benefit 1099-G, Tuition Fees 1098T etc.
- Last Year's Income Tax Return or any tax related documents that may help to avoid the tax errors.

Client Signature: _____

Date: _____