

EF  DD  DEBIT CARD  RAC  PRIOR  NEW

Pages Faxed \_\_\_\_\_

**CLIENT CODE:** \_\_\_\_\_  
(FIRST FOUR LETTERS OF LAST NAME - LAST FOUR #'S OF SOCIAL SECURITY #)

**TAXPAYER**

**SPOUSE**

**FIRST NAME:** \_\_\_\_\_

**LAST NAME:** \_\_\_\_\_

**SS#:** \_\_\_\_\_ -- \_\_\_\_\_ -- \_\_\_\_\_      **SS#:** \_\_\_\_\_ -- \_\_\_\_\_ -- \_\_\_\_\_

**Taxpayer's Date of Birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_      **Spouse's Date of Birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**ADDRESS:** \_\_\_\_\_ **Apt #** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

(Required)

**PHONE:** (Cell)(      ) \_\_\_\_\_ -- \_\_\_\_\_ (Home)(      ) \_\_\_\_\_ -- \_\_\_\_\_

**E-MAIL Address** \_\_\_\_\_

Blind: \_\_\_\_\_ Disabled: \_\_\_\_\_      Blind: \_\_\_\_\_ Disabled: \_\_\_\_\_

**FILING STATUS:** (1) Single \_\_\_\_\_ (2) Married Joint \_\_\_\_\_ (3) Married Separate: \_\_\_\_\_  
Child's SS# \_\_\_\_\_  
(4) Head of House: \_\_\_\_\_ and Name \_\_\_\_\_ (5) Qualifying Widow(ER): \_\_\_\_\_

<b><u>DEPENDENTS NAME</u></b>	<b>BORN</b>	<b>S.S.# (Required)</b>	<b>RELATION</b>	<b># MOS.</b>	<b><u>COLLEGE</u></b>
_____	_____	____-____-____	_____	____	_____
_____	_____	____-____-____	_____	____	_____
_____	_____	____-____-____	_____	____	_____
_____	_____	____-____-____	_____	____	_____
_____	_____	____-____-____	_____	____	_____

**NJ TAX SECTION**

**TENANT:** \_\_\_\_\_ TOTAL **ANNUAL** RENT PAID \$ \_\_\_\_\_

TOTAL UNREIMBURSED MEDICAL PAID USE SCHEDULE A

