

GMCPA Accounting and Tax Service

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BASIC INFORMATION FOR INDIVIDUAL RETURNS

TAXPAYER _____ BEST CONTACT # _____ cell/work/home
SSN _____ ALT CONTACT # _____ cell/work/home
DATE OF BIRTH _____ EMAIL _____
OCCUPATION _____ DRIVERS LICENSE # _____
STATE _____ DATE ISSUED _____ DATE EXPIRES _____

SPOUSE _____ BEST CONTACT # _____ cell/work/home
SSN _____ ALT CONTACT # _____ cell/work/home
DATE OF BIRTH _____ EMAIL _____
OCCUPATION _____ DRIVERS LICENSE # _____
STATE _____ DATE ISSUED _____ DATE EXPIRES _____

ADDRESS _____
CITY, STATE AND ZIP _____
REFERRED BY _____

DEPENDENTS

NAME _____ NAME _____
SSN# _____ SSN # _____
DATE OF BIRTH _____ DATE OF BIRTH _____

CHECKING ACCOUNT FOR INCOME TAX REFUNDS & AUTO WITHDRAWLS OF BALANCES DUE AND ESTIMATED PAYMENTS

ACCOUNT # _____ ROUTING # _____
NAME OF BANK _____

Credit Card Information (Mastercard or Visa only) for payment of GMCPA fee	
Cardholder Name (as shown on card):	_____
Card Number:	_____
Expiration Date (mm/yy):	_____ 3 digit CSV code on back of card _____
Cardholder ZIP Code (from credit card billing address):	_____

DEPENDENT QUESTIONNAIRE

Tax year: _____

Your Name: _____

Your Marital Status at Dec. 31st of the tax year: _____

Your Dependent(s) (who are U.S. citizens or resident aliens):

Name: 1.: _____ 2.: _____

DOB: _____

SS#: _____

Relationship to you: _____

Can anyone else claim this dependent? _____

Did the dependent file a tax return? _____

Did your dependent(s) live with you more than half of the year? _____

Did you provide more than half of the cost/support for the dependent(s)? _____

What was the dependent's gross income (wages, interest, etc.) in the tax year? _____

Did this dependent have medical insurance? (if they qualify as a dependent, provide a copy of the Form 1095): _____