Taxpayer Information Sheet

Name(s)		
(as they appear on your recent tax return)		
Street:		
City, State, Zip:	County:	
Land line <u>ONLY</u> (if we may contact you here):		
<u>Taxpayer</u>		
Date of birth:	_	
Social Security Number:		
Cell phone (if we may contact you here):		_
Email (if we may contact you here):		-
Work phone (if we may contact you here):		_
Occupation:	-	
<u>Spouse</u>		
Date of birth:	_	
Social Security Number:		
Cell phone (if we may contact you here):		_
Email (if we may contact you here):		-
Work phone (if we may contact you here):		_
Occupation:	-	
Is there someone else we should call to discuss yo above? Yes No	our tax return <u>instead</u> of the pe	rson(s) listed
If yes: Other Name:	Relationship:	
Other Phone or Email Address:		
Dates not available to answer questions or pick up	p your return:	

Additional Information (alternate address to use, documents you are waiting for, etc.):

Name:	DOB:	SSN:	Son	Daughter	
Name:	DOB:	SSN:	Son	Daughter	
Name:	DOB:	SSN:	Son	Daughter	
Name:	DOB:	SSN:	Son	Daughter	
Name:	DOB:	SSN:	Son	Daughter	
If you do not currently have a secure portal with Nelson Tax & Accounting, can we set you up with one? Yes No If yes, which email address should we use? See section below.					
If yes, which email addi	ess should we use?	3 Se	e sec	tion below.	
Clients with portal access:					
Check here if you would like only a digital copy of your completed tax return and Action Items exclusively in your portal. If you require a paper copy at a later time, there will be an additional charge of \$20, plus postage if needed.					

Did you sign, date, and include the following forms included in the packet?

Engagement Letter	Yes
Taxpayer Information Sheet	Yes
Bank Information Form	Yes
Mandatory Questionnaire	Yes
Organizer	Yes
Consent to Use	Yes

Dependent Information