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West Marin Tax Service

INCOME TAX

Consulting & Preparation

I solve your tax problems

*Accredited Tax PreparerSM

Information Sheet for Prospective Clients

Your Name: _____

Your Birthdate: _____

Your Address: _____

Your Occupation: _____

Your SSN: _____

Your Phones: Work _____ Cell _____ Fax _____

Your E-mail address: _____

Home Phone: _____

Spouse's Name: _____

Spouse's Birthday: _____

Spouse's Occupation: _____

Spouse's SSN: _____

Your Phones: Work _____ Cell _____ Fax _____

Your E-mail address: _____

FILING STATUS: (Check Appropriate Box)

- Single
- Married filing jointly
- Married filing separately Did you live with spouse anytime during last year?
- Yes No (Be sure to fill in spouse's data above.)
- Head of Household Who qualifies you?

Name _____

Birthdate: _____ SSN: _____

Relationship: _____

(Continued on back side)

DEPENDENTS:

Full Name: _____
Birthdate: _____
SSN: _____
Relationship: _____
Number of months lived in your home? _____

Full Name: _____
Birthdate: _____
SSN: _____
Relationship: _____
Number of months lived in your home? _____

Full Name: _____
Birthdate: _____
SSN: _____
Relationship: _____
Number of months lived in your home? _____

Full Name: _____
Birthdate: _____
SSN: _____
Relationship: _____
Number of months lived in your home? _____

OTHER:

Were you a California resident for all of last year? Yes No

If not, what state did you move from and when did you arrive in California?

Do you want your refund credited directly to your bank account? Yes No

If so, please provide a blank voided check.