

# NFS Tax Prep, Inc.

**\*\*Please bring a copy of your last year's tax return to your appointment.\*\***

## Taxpayer Information

### Primary Taxpayer

First Name \_\_\_\_\_ Middle Init \_\_\_\_\_ Last Name \_\_\_\_\_  
Address \_\_\_\_\_ Home Phone # \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
E-Mail Address \_\_\_\_\_ Cell # \_\_\_\_\_  
Marital Status (check one) Single \_\_\_\_\_ Married \_\_\_\_\_  
Social Security # \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Occupation \_\_\_\_\_ Work#/Ext \_\_\_\_\_

### Secondary Taxpayer

First Name \_\_\_\_\_ Middle Init \_\_\_\_\_ Last Name \_\_\_\_\_  
Social Security # \_\_\_\_\_ Date of Birth \_\_\_\_\_  
E-Mail Address \_\_\_\_\_ Cell # \_\_\_\_\_  
Occupation \_\_\_\_\_ Work#/Ext \_\_\_\_\_

### Dependent Information

First Name \_\_\_\_\_ Middle Init \_\_\_\_\_ Last Name \_\_\_\_\_  
Social Security # \_\_\_\_\_ Date of Birth \_\_\_\_\_ Student Yes\_\_ No \_\_  
Relationship \_\_\_\_\_  
Residency Address: Same as Taxpayer  Other \_\_\_\_\_

First Name \_\_\_\_\_ Middle Init \_\_\_\_\_ Last Name \_\_\_\_\_  
Social Security # \_\_\_\_\_ Date of Birth \_\_\_\_\_ Student Yes\_\_ No \_\_  
Relationship \_\_\_\_\_  
Residency Address: Same as Taxpayer  Other \_\_\_\_\_

First Name \_\_\_\_\_ Middle Init \_\_\_\_\_ Last Name \_\_\_\_\_  
Social Security # \_\_\_\_\_ Date of Birth \_\_\_\_\_ Student Yes\_\_ No \_\_  
Relationship \_\_\_\_\_  
Residency Address: Same as Taxpayer  Other \_\_\_\_\_

**How did you hear about us?** Google \_\_\_\_\_ Newspaper Ad \_\_\_\_\_ Friend/Family \_\_\_\_\_ Other \_\_\_\_\_  
Referrer's Name \_\_\_\_\_