



CLIENT TAX DATA FORM

Please email or fax completed form to:

R.D. BLAIR & ASSOCIATES

rblair@rdbatax.com or fax 424-233-0704

For questions call us at: 310-348-8187

SERVICES REQUESTED: (PLEASE CHECK)

Individual Tax	S-Corporation	Tax Liens, Levies.
Self Employed (Sch C)	Limited Liability Corporation Partnership	Tax Audit
Corporation	Offer & Compromise	Other

PART 1: PERSONAL CONTACT INFORMATION

FULL NAME (as appears on social security card)	BUSINESS (yes – no)	If yes what type: (circle one) <input type="radio"/> DBA <input type="radio"/> Partnership <input type="radio"/> Limited Liability Company <input type="radio"/> Corporation <input type="radio"/> Other	
FULL ADDRESS	BUSINESS NAME		
MAILING ADDRESS (if different)	TAX ID#		
DATE OF BIRTH	PHONE / CELL		
SOCIAL SECURITY #	EMAIL		

PART 1: SPOUSE & DEPENDENTS CONTACT INFORMATION

FULL NAME SPOUSE (as appears on social security card)	SOCIAL SECURITY #	DOB
DEPENDENT #1	SOCIAL SECURITY #	DOB
DEPENDENT #2	SOCIAL SECURITY #	DOB
DEPENDENT #3	SOCIAL SECURITY #	DOB
DEPENDENT #4	SOCIAL SECURITY #	DOB
DEPENDENT #5	SOCIAL SECURITY #	DOB

PART 3: QUESTIONS YES OR NO:	YES	NO
Do you have a copy of your prior year's tax return?		
Do you want your refund deposited in your account electronically?		
Do you have all your bank information (name, account, routing #)?		