

Complete this form and attach tax documents: W2's, 1099's, Interest Forms, etc. **Drop off or e-mail to one of our offices.**

Address

Boyle Heights 3520 E 1st St. Los Angeles, CA 90063

Fax: (323)576-5655 Info@myirservices.com Fast Los Angeles Office
746 S Atlantic Blvd.
Los Angeles, CA 90022
Fax: (323)210-7020
Info@ataxcompany.com

First name			
	Middle name	Last name	
SSN	D.O.B	Occupation	
Mailing Address		APT	
City, State, Zip		Cell #	
E-mail		Other #	

Spouse

First name	Middle name	Last name	
SSN	D.O.B	Occupation	
E-mail		Cell #	

How do you want to receive your refund?					
☐ Direct Deposit	☐ Check at Office (RAC)	☐ Check at home (upfront)			
Direct deposit Bank Routing #		☐ Checking or ☐ Savings			
Account #					

Dependent

full name	Relationship	
Social Security/ITIN	D.O.B	
Full name	Relationship	
Social Security/ITIN	D.O.B	
Full name	Relationship	
Social Security/ITIN	D.O.B	
4 Full name	Relationship	
Social Security/ITIN	D.O.B	

Circle "Yes" or "No"

In year____

•	Did you pay for college?	Yes	No	Did you buy/sell stocks?	Yes	No
•	Did you own a home?	Yes	No	Did you remodel your home?	Yes	No
•	Did you receive bank interest?	Yes	No	Did you have employee expenses?	Yes	No
•	Did you purchase a car in 2016?	Yes	No	Did you pay for child care services?	Yes	No
•	Did you receive social security benefits or unemployment?					No
•	Did you pay into a retirement account (or withdraw), IRA or pension this year?					No
•	Did you receive other income like cash or checks for other work (for example a side business)?					No
•	Do you want to pay for your tax preparation up front or discounted from your check?					No

