

Melissa M. Wetzel, CPA, PC - Taxpayer Information

NEW CLIENT ONLY

How did you hear about us? _____
 (If a specific person, please write name above)

PERSONAL INFORMATION

TAXPAYER

Last Name _____
 First Name _____
 Mid. Initial _____ Suffix _____
 SSN _____
 Occupation _____
 Birthday (MM/DD/YY) _____
 Email _____
 Work Phone (____) _____
 Cell (____) _____

SPOUSE

Last Name _____
 First Name _____
 Mid. Initial _____ Suffix _____
 SSN _____
 Occupation _____
 Birthday (MM/DD/YY) _____
 Email _____
 Work Phone (____) _____
 Cell Phone (____) _____

ADDRESS Street _____

 City _____ County _____ State _____ Zip _____
 Home Phone (____) _____

PA RESIDENTS

Boro-TWP _____
 School district _____

Filing Status

Enter your Filing Status code: (1-5) _____
 1=Single 2= Married Filing Joint 3=Married Filing Separate
 4=Head of Household 5= Qualifying widow(er)

DEPENDENT INFORMATION-MUST BRING PROOF: BIRTH CERTIFICATE, SOCIAL SECURITY CARD AND ADDRESS (Example: School record or doctors record with address)

First name, Middle Initial, Last Name	Date Of Birth	Age at end of last year	Social security #	Relationship	Months lived In home

For Part-Year and Nonresident State Return Filing Information Only

If part-year resident, date residence established... _____
 Former state of residence..... _____

_____ **Nonresident state filers:** If taxpayer needs to file a nonresident state return(s) enter below:

State	Residency status	Dates of residency (part year residence only)	Spouse (if different)
		Taxpayer To	To
		To	To

FOR TAXPAYER AND SPOUSE: NEED A COPY OF DRIVER'S LICENSE, SOCIAL SECURITY CARD AND LAST YEAR'S TAX RETURN