TUCKER CPA P.C

David Tucker CPA, PC

Demographics

Taxpayer Information

First Name: | MI:

Last Name:

SSN/ ITIN: ___ - ___ - ___

D.O.B: ___/___/___

D.O.D: ___/___/___

Occupation:

Email:

Phone Number (Best # to call: ___)

Cell:

Work:

Home:

Spouse Information

First Name: | MI:

Last Name *(if different from Taxpayer)*:

SSN/ ITIN: ___ - ___ - ___

D.O.B: ___/___/___

D.O.D: ___/___/___

Occupation:

Email:

Phone Number (Best # to call: ___)

Cell:

Work:

Home:

Mailing Address

Address:

City | State | Zip Code

Income from Other State, Not Including TX | No ☐ | Yes ☐ | What State

Dependent Information

Name *(include last name if different)*	SSN/ITIN	D.O.B	Relationship	Months lived in home

Health Insurance

Health Insurance? *(Please Circle)*	YES		NO
If yes, how obtained *(Please Circle)*	Marketplace	Employer	Private
Full year coverage:	YES	NO	All covered under plan? YES NO

If NO, what months were covered? *(Please Circle)*

JAN FEB MAR APR MAY JUN JUL AUG SEP OCT NOV DEC

Comments:

Please Provide your previous Tax Return

For Office Use Only			
Date In: ___/___/___			Price Quoted: $___
Time In: ___ AM/PM *(Circle One)*			Tax Preparer:
Refund Method *(Circle One)*			New Client *(Circle One)*: Yes No
Paper Check	Direct Deposit	Bank Product	Filing Status *(Circle One)*
			Single HOH MFJ MFS QW