Taxpayer and Spouse and Dependent Information

Filing Type: [ ] Single [ ]Married Filing Joint [ ]Married Filing Separate [ ]Head of House (with qualifying person)
[ ]Widow (with dependent child) [ ] Non resident alien (1040-NR filing)

Tax Payer/OR Husband **Husband Occupation:**
First Name: ___________________________Middle Name:_________________ Last Name:____________________________
Social Security #:_______________________ Date of Birth [MM/DD/YYYY]:____
Street Address: ________________________ Apt#:_________City: ________________State: ______Zip code:___________
Bank Name: _____________________ Bank Account#:_____________________ Bank Routing #:_________________
Phone #:_________________________ Tax payer Email:____
Driving License #: Issue date: Exp Date: State:

Spouse/OR Wife **Spouse Occupation:**
First Name: ______________________ Middle Name:_________________ Last Name:_________________________
Spouse SS#:_______________________ Spouse Date of Birth: [MM/DD/YYYY]:________________________________
Spouse Phone #:______________________ Spouse Email:____

Dependents: (You need to show original social security card and show proof of residency to verify child information)
1. (CIRCLE ONE) Son /Daughter /father /mother /other

First Name: Middle Name: Last Name:
Social Security #: Date of Birth:
[ ] Full time Student [ ]Lived more than half year [ ] You support more than half expense [ ] Disabled [ ] Other

2. (CIRCLE ONE) Son /Daughter /father /mother /other

First Name: Middle Name: Last Name:
Social Security #: Date of Birth:
[ ] Full time Student [ ]Lived more than half year [ ] You support more than half expense [ ] Disabled [ ] Other

3. (CIRCLE ONE) Son /Daughter /father /mother /other

First Name: Middle Name: Last Name:
Social Security #: Date of Birth:
[ ] Full time Student [ ]Lived more than half year [ ] You support more than half expense [ ] Disabled [ ] Other

Important Compliance notes [please read and put check mark on the box where applicable]:
[ ] You must provide us your health insurance information for whole family to include on your tax return.
[ ] You must report Foreign Financial/Bank Account [outside of USA] exceeding (more than) $10,000.
[ ] You must comply with FATCA rules and regulation. [separate engagement might be needed]
[ ] Please seek legal counselor for legal advice. We do not provide any legal advice.
[ ] Please ask us other Checklist to find out what income to report and what expense you can claim on your tax return.
[ ] Income & Other Information: [Provide source documents w2, 1099, bank statements if self employed for deposits]
[ ] Note that you should pay our fee; provide required documents; and you and your spouse must sign the return before efiling your return. If return is late due to your negligence, we are not responsible for late filing.

Note: Please provide us W-2, 1099 Forms, business summary and other source of ALL income you received for the entire year. To claim deductible expenses please provide us bills & receipts and 1098 Forms for expenses you are claiming. Please keep your detailed information with you for 4 years. For direct deposit, you need to provide us a VOIDED Check of your bank account.
The information provided on this form is true, accurate and are from actual records. I/(we) here by authorize Buddha Tax and Accounting and its representative to prepare and file my/(our) income tax return.
Provide a Voided Check for tax deposit or payment. Return preparation FEE is due up front.

_________________ _________________
Taxpayer Signature Spouse Signature
Date: Date: