

# RELIABLE INCOME TAX

BOOKKEEPING & PAYROLL SERVICE

5816 N GREELEY AVE, PORTLAND, OR 97217 (503) 289-4500 | 7697 SW CIRRUS DR, BEAVERTON, OR 97008 (503) 372-6254

## General Information

*Important: The name for every person on this tax return must be exactly the same as it appears on their Social Security card. If you are a new client or have a new dependent, please bring all Social Security cards to the office.*

## Taxpayer

\_\_\_\_\_  
Last Name First Name Middle Initial Occupation

\_\_\_\_\_  
Mailing Address City State, ZIP

\_\_\_\_\_  
Home Phone Cell Phone E-mail address

\_\_\_\_\_  
Social Security Number Date of Birth Blind?  Yes  No

Disabled?  Yes  No

## Spouse

\_\_\_\_\_  
Last Name First Name Middle Initial Occupation

\_\_\_\_\_  
Cell Phone E-mail address

\_\_\_\_\_  
Social Security Number Date of Birth Blind?  Yes  No

Disabled?  Yes  No

## Dependent #1

## Dependent #2

## Dependent #3

\_\_\_\_\_  
Last Name Last Name Last Name

\_\_\_\_\_  
First Name Middle Initial First Name Middle Initial First Name Middle Initial

\_\_\_\_\_  
Social Security Number Social Security Number Social Security Number

\_\_\_\_\_  
Date of Birth Date of Birth Date of Birth

\_\_\_\_\_  
Relationship Relationship Relationship

\_\_\_\_\_  
# of months in home # of months in home # of months in home

Disabled?  Yes  No Disabled?  Yes  No Disabled?  Yes  No