502 Main Street, Suite B
PO Box 669
Lisbon, ND 58054
Phone: 701-683-5303 Fax: 701-683-4315
nick@storhaugcpa.com

Taxpayer:_____ SS#_____ DOB:_____

Spouse:_____ SS#_____ DOB:_____

_____ Single _____ Married filing Separate

_____ Married _____ Head of Household

Address:_____

City, State, Zip:_____

Home Phone:_____ Cell Phone:_____

Work Phone:_____ **Indicate which # we can reach you at**

Email:_____

Dependents - *Please let us know if your dependent did not live with you for the entire year*

NAME	DATE OF BIRTH	SOCIAL SECURITY #	RELATIONSHIP

Direct Deposit Information

Bank Name:_____ Checking_____ Savings_____

Routing #:_____ Account #:_____