



763.999.4779

taxdept@epamn.com • Fax 612.234.4870

THIS FORM MUST BE COMPLETED ANNUALLY

Tax year _____

Taxpayer: _____	Spouse: _____
Social Security: _____	Social Security: _____
Occupation _____	Occupation _____
DOB _____	DOB _____
Email _____	Email _____
Contact Phone _____	Contact Phone _____

Address _____

City, State Zip _____

Dependent Information:

Full Name of Dependent	DOB	Grade	Number months lived w/ you	"NEW CLIENTS ONLY" Social Security	"NEW CLIENTS ONLY" Relationship

****Has any of the following changed since last year?** New Address New Phone New email

Please note any question or comments

***** PLEASE BRING A COPY OF YOUR ID *****
