

## Digital Systems LCC

901 S. Highland Street, Suite 311, Arlington, VA 22204

703-531-8178

### Information: Tax Payer and Dependence if any

<b>First Name</b>	<b>Last Name</b>	<b>Middle Name</b>
<b>Date of Birth (mm/dd/yyyy)</b>	<b>SSN#</b>	<b>Occupation</b>

<b>Street</b>	<b>APT #</b>	
<b>City</b>	<b>State</b>	<b>Zip Code</b>
<b>Phone Day time</b>	<b>Phone Evening</b>	<b>Best time to Call</b>
<b>Emails:</b>		

<b>Filing Status</b>	<b>Single</b>	<b>Married Jointly/Separately/Head of household/Widow(er)</b>
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<b>Dependence (Spouse): First Name</b>	<b>Last Name</b>	<b>Middle Name</b>
<b>Date of Birth (mm/dd/yyyy)</b>	<b>SSN#</b>	<b>Occupation</b>

<b>Dependence (Child1): First Name</b>	<b>Last Name</b>	<b>Middle Name</b>
<b>Date of Birth (mm/dd/yyyy)</b>	<b>SSN#</b>	<b>Relation:</b>

<b>Dependence (Child2): First Name</b>	<b>Last Name</b>	<b>Middle Name</b>
<b>Date of Birth (mm/dd/yyyy)</b>	<b>SSN#</b>	<b>Relation:</b>

<b>Bought Home?</b>	<b>When?</b>	<b>How much?</b> \$ _____
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#### Required information/copy:

- Social Security No of tax payer and spouse
- Social Security No (SSN) or Tax Payer Identification No (TPIN) of all **dependents: Son, Daughter, Child, Parent, Grand Parent, Grand Child, Brother, Sister, Aunt, Uncle and Nephew**
- Income Sources: Wages Income-W2, Gambling Income-2G, Interest Income -1099 INT, Dividend Income-1099 Div, Foreclosures-1099A, Unemployment Benefit 1099-G, Tuition Fees 1098T etc.
- Last Year's Income Tax Return

Client Signature: \_\_\_\_\_

Date: \_\_\_\_\_