

INDIVIDUAL INFORMATION SHEET

PRIVILEGED & CONFIDENTIAL — TO BE RETAINED IN PERMANENT FILE

1. Filing Status (check one):

Single _____ Married filing Jointly _____
 Married filing Separate _____ Head of Household _____
 Qualified Widow(er) _____

2. Taxpayer Information:

Social Security Number: _____
 Full Legal Name: _____
 Occupation: _____
 Presidential Campaign (check one): YES _____ NO _____
 Dependent of Another (check one): YES _____ NO _____
 Date of Birth: _____ Daytime Phone #: _____

3. Spouse Information:

Social Security Number: _____
 Full Legal Name: _____
 Occupation: _____
 Presidential Campaign (check one): YES _____ NO _____
 Dependent of Another (check one): YES _____ NO _____
 Date of Birth: _____ Daytime Phone #: _____

4. Residence Information:

Street Address: _____ Apt. # _____
 City: _____ State: _____ Zip Code: _____
 Home/Evening Phone # _____
 Email Address: _____
 Foreign Province (if applicable): _____
 Foreign Country (if applicable): _____

Please list dependents on other side.

Office Use:

Tax Return: _____ 1040 _____ Due: _____ Gift tax: _____ Due: _____ NC Annual Report _____ Due: _____ Property Tax Return _____ County _____ Due: _____	Sales Tax: Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Payroll Tax: 941 Due: _____ quarterly Federal Deposit Due: Semi-weekly <input type="checkbox"/> Monthly <input type="checkbox"/> 940 due 2/28/____ NC-3 due _____ NC U1 101 due _____ quarterly NC-5 Monthly <input type="checkbox"/> W-2 and W-3 due: _____ Quarterly <input type="checkbox"/>
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5. Dependants:

Full Legal Name: _____

Date of Birth: _____ Social Security Number _____

Relation: _____ Months at Home _____

(Check any that apply): Student _____ Disabled _____ Both _____

Full Legal Name: _____

Date of Birth: _____ Social Security Number _____

Relation: _____ Months at Home _____

(Check any that apply): Student _____ Disabled _____ Both _____

Full Legal Name: _____

Date of Birth: _____ Social Security Number _____

Relation: _____ Months at Home _____

(Check any that apply): Student _____ Disabled _____ Both _____

Full Legal Name: _____

Date of Birth: _____ Social Security Number _____

Relation: _____ Months at Home _____

(Check any that apply): Student _____ Disabled _____ Both _____

Full Legal Name: _____

Date of Birth: _____ Social Security Number _____

Relation: _____ Months at Home _____

(Check any that apply): Student _____ Disabled _____ Both _____

Full Legal Name: _____

Date of Birth: _____ Social Security Number _____

Relation: _____ Months at Home _____

(Check any that apply): Student _____ Disabled _____ Both _____