Customer Information Sheet

G & V Tax and Insurance

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Tel: 708.331.8730 Fax: 708.331.8735

Choose your <u>filing</u> status: O <u>Single</u>	O Married filing joint	O Married filing	separate	O Head of househ	old
Choose your <u>marital</u> status: O <u>Marri</u>	ed O Divorced O	Legally Separated	O Single	at the end of the yea	<u>ır</u>
	Тахрауе	<u>er</u>			
ocial Security #:					
irst Name:	MI:	Last Name:			
Birthdate:/	Occupatio	on:			
Phone:	Email:				
Can you be claimed as a dependent? O Yes or	O No				
Address (No PO Box):				Apt. #	
City:					
	Spouse				
ocial Security #:					
irst Name:	MI:	Last Name:			
Birthdate:/	Occupation	on:			
Phone:	Email:				
Did you live with your spouse for more than 6	mos.? O Yes or O No	o Can you	be claimed	by anyone? O Yes	or O No
Address (No PO Box):				Apt. #	
City:		_ Zip Code:			
	Bank Inform	ation			
R	ank Deposit: O Check	ing O Savings			
Bank Name:		8-44-15-45-45-55			
Routing #:					
Account #:					