



FINANCIAL
ACCOUNTING
SERVICES INC.

Date: _____

Tax Preparer: _____

Taxpayer: _____

Social Security # ___/___/___

Date of Birth ___/___/___

Occupation _____

Spouse: _____

Social Security# ___/___/___

Date of Birth ___/___/___

Occupation _____

Address: _____

Taxpayer Contact Information: Please Check Primary Contact

Phone: _____

Email: _____

Spouse Contact Information:

Phone: _____

Email: _____

Dependent Information:

Name: _____

Relationship: _____

Date of Birth: ___/___/___

Social Security ___/___/___

Name: _____

Relationship: _____

Date of Birth: ___/___/___

Social Security ___/___/___

(Please be specific with the following referral information. Thank you!)

Referred By: _____ Relationship/Source: _____

www.taxmanfred.com

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Phone: (951) 719-1515 Fax: (951) 719-1518

La Jolla: 9255 Towne Centre Drive Suite 805, San Diego, CA 92121

Phone: (858) 203-1310 Fax: (858) 362-1043