

Melissa M. Wetzel, CPA, PC

Taxpayer Information

APPT Date: _____

Time: _____

How did you hear about us? _____

(If a specific person, please write name above)

PERSONAL INFORMATION

TAXPAYER

Last Name _____

First Name _____

Mid. Initial ____ Suffix ____

SSN _____

Occupation _____

Birthday (MM/DD/YY) _____

Email _____

Work Phone (____) _____

Cell (____) _____

ADDRESS Street _____

City _____ County _____ State ____ Zip _____

Home Phone (____) _____

SPOUSE

Last Name _____

First Name _____

Mid. Initial ____ Suffix ____

SSN _____

Occupation _____

Birthday (MM/DD/YY) _____

Email _____

Work Phone (____) _____

Cell Phone (____) _____

PA RESIDENTS

Boro-TWP _____

School district _____

Filing Status

Enter your Filing Status code: (1-5) _____ 1=Single 2= Married Filing Joint 3=Married Filing Separate
4=Head of Household 5= Qualifying widow(er)

DEPENDENT INFORMATION (Children)

First name, Middle Initial, Last Name	Date Of Birth	Age at end of last year	Social security #	Relationship	Months lived In home

For Part-Year and Nonresident State Return Filing Information Only

If part-year resident, date residence established... _____

Former state of residence..... _____

____ Nonresident state filers: If taxpayer needs to file a nonresident state return(s) enter below:

State	Residency status	Dates of residency (part year residence only)		Spouse (if different)
		Taxpayer	To	
		To	To	
		To	To	

NEED COPY OF: DRIVER'S LICENSE AND LAST YEAR'S TAX RETURN

Revised: 01/12/2017