

# Melissa M. Wetzel, CPA, PC - Taxpayer Information

## NEW CLIENT ONLY

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 \_\_\_\_\_

#### SPOUSE

Last Name \_\_\_\_\_  
 First Name \_\_\_\_\_  
 Mid. Initial \_\_\_\_\_ Suffix \_\_\_\_\_  
 SSN \_\_\_\_\_  
 Occupation \_\_\_\_\_  
 Birthday (MM/DD/YY) \_\_\_\_\_  
 Email \_\_\_\_\_  
 Work Phone (\_\_\_\_) \_\_\_\_\_  
 Cell Phone (\_\_\_\_) \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Home 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-MUST BRING PROOF: BIRTH CERTIFICATE, SOCIAL SECURITY CARD AND ADDRESS (Example: School record or doctors record with address)

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	

### FOR TAXPAYER AND SPOUSE: NEED A COPY OF DRIVER'S LICENSE, SOCIAL SECURITY CARD AND LAST YEAR'S TAX RETURN