



GM TAX CENTER

Please Fill the Following Information correctly and accurately, **this information** is for our office only and will not sold to any other third party business.

	First	Last	Date of Birth (MM/DD/YYYY)	SS#
Filer Name	-----	-----	-----	-----
Occupation	-----	-----	-----	-----
Spouse Name	-----	-----	-----	-----
Occupation	-----	-----	-----	-----
1 st Child Name	-----	-----	-----	-----
2 nd Child Name	-----	-----	-----	-----
3 rd Child Name	-----	-----	-----	-----
4 th Child Name	-----	-----	-----	-----
Other dependent	-----	-----	-----	-----

Home Address – Street Number and Name Apartment Number

----- -----	----- -----
----------------	----------------

City State Zip/Postal Code

----- -----	----- -----	----- -----
----------------	----------------	----------------

Home Phone: ----- Cell Phone: -----

Work Phone: ----- E-mail: -----

Please check the next applicable Boxes if you provide any tax documents

W2 1099MISC

Bank Routing # Account #
information -----

Checking Saving

All the information and documents that you provided to us for preparing your income tax return will be under your personal responsibility.

Thank You for Joining GM TAX CENTER

Signature: -----

Orlando Office: 378 CenterPointe Cir Ste 1272, Alt Springs, FL 32701
Tel: (407) 520 8300 Fax: (407) 636 9292 E-mail: mike.samir@GMTAXCENTER.com
www.gmtaxcenter.com