



Family TAX OFFICE

DEPENDENT INFORMATION () NONE () SHARED

First Name _____ Middle _____ Last _____

SSN _____ - _____ - _____ Birth date _____ Age _____

How many months lived in home _____

Relationship to you:

() Student () Halftime () Fulltime

() US Citizen () Resident Alien () Non resident Alien

() Blind () Disabled

() Income from _____ How much _____

First Name _____ Middle _____ Last _____

SSN _____ - _____ - _____ Birth date _____ Age _____

How many months lived in home _____

Relationship to you:

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() US Citizen () Resident Alien () Non resident Alien

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() Blind () Disabled

() Income from _____ How much _____

List any additional dependents on page 4

(760) 870-4441 text (858) 301-6100 office (760) 870-7770 fax

14231 Garden Rd Suite 11 Poway Ca 92064

www.FamilyTaxOffice.com



Family TAX OFFICE

ADDITIONAL DEPENDENTS INFORMATION () SHARED

First Name _____ Middle _____ Last _____

SSN _____ - _____ - _____ Birth date _____ Age _____

How many months lived in home _____

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