



Kd & Kd Tax Service, LLC

TAXPAYER INFORMATION WORKSHEET

PO Box 2656 Lilburn, GA 30048

Cell: 502-442-4248

E-mail: kdtaxes@live.com

Web-site: www.kdtaxes.com

Taxpayer Information:

Last Name: _____ First Name/Middle Initial: _____

Last 5 of Social Security# _____ Date of Birth: _____

Telephone numbers: Home#: _____ Cell#: _____

Occupation: _____ Work#: _____

E-Mail: _____

Driver License Information

Issuing State: _____

Issue Date: _____

Exp. Date: _____

Attach a black/white copy of your license

Spouse Information:

Last Name: _____ First Name/Middle Initial: _____

Last 5 of Social Security# _____ Date of Birth: _____

Telephone numbers: Home#: _____ Cell#: _____

Occupation: _____ Work#: _____

E-Mail: _____

Address: _____

Include City, State, Zip and apartment number if applicable.

Driver License Information

Issuing State: _____

Issue Date: _____

Exp. Date: _____

Attach a black/white copy of your license

Dependants:

First Name	Last Name	Social Security #	Relationship	Date of Birth	College Student

***For returning clients:** Please include all changes in information, additional dependants, marital status... Include copies of driver license(s) & social security card for everyone (no color copies, black/white copies only).

***For new clients:** Please include copy of driver license(s) & social security cards for everyone, (no color copies, black/white copies only).

Direct Deposit information: Routing#: _____ Account#: _____

Saving or Checking account? _____ Is this a Joint account? _____

***Attach a voided check**