

Total Tax Solutions

Certified Public Accountant

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APPLICANT INFORMATION FORM

All inquiries and submissions remain strictly confidential and no information will be released to third parties or government agencies.

Please complete the following information (Please do not leave any items blank. Indicate N/A or Unknown for inapplicable or missing information):

Your Name: _____

Your Social Security Number: _____

Your Date of Birth _____ (mm/dd/yyyy)

Spouse's Name: _____

Spouse's Social Security Number: _____

Spouse's Date of Birth _____ (mm/dd/yyyy)

Street Address: _____

City: _____ State: _____ Zip Code: _____

Daytime Phone: _____ Evening Phone: _____ Alternate Number _____

Email Address: _____

Preferred Manner To Contact: Telephone Email Mail (Mark with an "X")

If by telephone, best time to call: _____ a.m./p.m. (circle one)

Type of Tax (i.e., Income, Employment, Civil Penalty, etc.- if Trust Fund Liability, include name and TIN of employer)	Tax Form Number (i.e., 1040, 941, etc.)	Years or Periods

Credit Card Information:

Billing Name: _____

Billing Street Address: _____

City _____ State: _____ Zip Code: _____

Credit Card Type: VISA MasterCard Amex (Mark with an "X")

Credit Card Number: _____

Expiration Date: _____ **Amount Of Charge: \$350.00**