

**2019 IMPERATO TAX PREPARATION CHECKLIST**

DATE: \_\_\_\_\_

ARE YOU A NEW CLIENT? YES  NO   
REFERRED BY: \_\_\_\_\_

**PRIMARY TAXPAYER:**

**SPOUSE OR PARTNER:**

Name: \_\_\_\_\_

Name: \_\_\_\_\_

SSN: \_\_\_\_\_

SSN: \_\_\_\_\_

DOB: \_\_\_\_\_

DOB: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Occupation: \_\_\_\_\_

Occupation: \_\_\_\_\_

Cell #: \_\_\_\_\_

Cell #: \_\_\_\_\_

Work #: \_\_\_\_\_

Work #: \_\_\_\_\_

Email: \_\_\_\_\_

Email: \_\_\_\_\_

➤ ***A DRIVER'S LICENSE OR STATE ISSUED ID MAY BE REQUIRED TO FILE CERTAIN RETURNS***

**Taxpayer Information:**

**Spouse or Partner Information:**

Issuing State of License: \_\_\_\_\_

Issuing State of License: \_\_\_\_\_

ID Number: \_\_\_\_\_

ID Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Issue Date: \_\_\_\_\_

Issue Date: \_\_\_\_\_

Doc # (Found on Back): \_\_\_\_\_

Doc # (Found on Back): \_\_\_\_\_

➤ **DEPENDENTS: PROVIDE US WITH A COPY OF EACH DEPENDENT'S BIRTH CERT. AND SS CARD**

NAME	DATE OF BIRTH	SS NUMBER	RELATIONSHIP
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

➤ **STATUS:**

MARRIED  SINGLE  DIVORCED/SEPARATED  WIDOWED  HEAD OF HOUSEHOLD

***Strapped for Time? Who isn't? YOU CAN MAIL, FAX OR EMAIL YOUR INFORMATION. ASK PREPARER FOR MORE INFORMATION.***

