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Tax Preparation

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PERSONAL INFORMATION

YOU

Last Name

First Name

M.I.

_____-_____-_____
Social Security Number

Street Address

Apt/Suite #

City

State

Zipcode

Date of Birth

Occupation

Home Phone

Mobile Phone

Email Address

Office Phone

Fax

SPOUSE

Last Name

First Name

M.I.

_____-_____-_____
Social Security Number

Date of Birth

Occupation

DEPENDENTS

1.

Last Name

First Name

M.I.

_____-_____-_____
Social Security Number

Date of Birth

2.

Last Name

First Name

M.I.

_____-_____-_____
Social Security Number

Date of Birth

3.

Last Name

First Name

M.I.

_____-_____-_____
Social Security Number

Date of Birth

4.

Last Name

First Name

M.I.

_____-_____-_____
Social Security Number

Date of Birth