BASIC INFORMATION

First Name: M.I:		:]	Last Name:			Date of Birth:	
Social Security #:		Unit a	<i>‡</i>	Do You Rent?		Yes	No
Address:	City:		State:		Z	IP	
Occupation:			Do you own a house/property?				
Do you own a business?			Which one (car, house, etc.)?				
Mobile Phone:							
Email Address:							
How do you wish to be notified of your tax results?				Phone	Mail	Em	ail
How do you wish to receive your tax packet?				Mail		Ema	ail

FILING STAT	FUS (CHECK ONE)					
(1) Single:	(2) Joint Married: (3) Separate	(4) Head of Household:	(5) Qualifying Widower:			
Check here if you are a dependent of another taxpayer						

S P O U S E I N F O R M A T I O N						
First Name:	M.I:	Last Name:	Date of Birth:			
Occupation:	Social Se	curity #:				
Address (same as above, ignore)	Cit	ty:	State	:	ZIP:	
Mobile Phone:						
Email Address:						

DEPENDENT(S) INFORMATION

First Name:		M.I:		Last Name:			
SS#:	DOB:	Relationship:):	Day Care Expense: \$		
Months Living at Home?			Full Time S	Student?	Yes	No	
First Name:		MI:		Last Na	me:		
SS#	DOB	Relationship:			Day Care Expense: \$		
Months Living at Home/away for school?			Full Time S	Student?	Yes	No	
First Name:		MI:		Last Na	me		
SS#	DOB	Relati	ionship:	1	Day Care Expens	e: \$	
Months Living at Home/away for school?			Full Time S		Yes	No	
Add more dependents with information above in a separate sheet							

Would you like your tax refund to be directly deposited into your bank account? Yes No					
Bank Name:	Routing #		Account #		
Account type:	Checking:	Saving:			

REFERRAL INFORMATION

Were you referred to Muya?YesNoIf yes, by whom?If not, how did you hear about Muya tax services?Name and contact information of anyone you would like to refer:

Fairfield, CA 94533 - Cell: 978-394-4807



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