## 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	<b>FUS</b> (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:		<b>M.I:</b>		Last Name:			
SS#:	DOB:	Relationship:		<b>):</b>	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:	<b>Routing</b> #		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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