

RCP Tax Services, Inc.
 1477 Colorado Boulevard, PO Box 41726, Los Angeles, CA 90041
 (323) 446-2780 Direct * (323) 446-2789 Fax
 Please Complete and scan with copies of your W-2s and other important papers to
rcp@rcptax.com

| Client General Information | | |
|---|---------------------------------|-------------------|
| Marital Status /_ / Single /_ / Married Filing Joint /_ / Married Filing Separately // Head of Household // Divorced // Widow/Widower (Spouse DOD _____) // Domestic Partner | | |
| Client First Name | Last Name | Home Phone |
| | | Work Phone: |
| SSN: | DOB: | Cell Phone: |
| Email | Occupation: | |
| Spouse First Name | Last Name (if different) | Work Phone: |
| | | Cell Phone |
| SSN: | DOB: | Occupation |
| Address: | | |
| Do you own a business? Yes () No () | | |
| Do you own a home? Yes () No () | | |
| Do you own rental properties? Yes () No () | | |
| Taxpayer No. of W-2's _____ | | |
| Employer Name and Address: | | |
| Spouse No. of W-2's _____ | | |
| Employer Name and Address | | |
| Information Relating to Children/Dependents | | |
| Child/Dependent Name | DOB | SSN |
| | | |
| | | |
| | | |
| | | |
| Please notate any other issues you wish to discuss: | | |
| | | |