



# Kd & Kd Tax Service, LLC

TAXPAYER INFORMATION WORKSHEET

PO Box 245, GA 30273

Cell: 502-442-4248

E-mail: [kdtaxes@live.com](mailto:kdtaxes@live.com)

Web-site: [www.kdtaxes.com](http://www.kdtaxes.com)

**\*For returning clients:** Please include all changes in information, additional dependants, marital status... Include copies of driver license(s) & social security card for everyone (no color copies, black/white copies only).

**\*For new clients:** Please include copy of driver license(s) & social security cards for everyone, (no color copies, black/white copies only).

## Taxpayer Information:

Last Name: \_\_\_\_\_ First Name/Middle Initial: \_\_\_\_\_  
 Last 5 of Social Security# \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Telephone numbers: Home#: \_\_\_\_\_ Cell#: \_\_\_\_\_  
 Occupation: \_\_\_\_\_ Work#: \_\_\_\_\_  
 E-Mail: \_\_\_\_\_

Driver License Information
Issuing State: _____
Issue Date: _____
Exp. Date: _____
<b>Attach a black/white copy of your license</b>

## Spouse Information:

Last Name: \_\_\_\_\_ First Name/Middle Initial: \_\_\_\_\_  
 Last 5 of Social Security# \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Telephone numbers: Home#: \_\_\_\_\_ Cell#: \_\_\_\_\_  
 Occupation: \_\_\_\_\_ Work#: \_\_\_\_\_  
 E-Mail: \_\_\_\_\_

Driver License Information
Issuing State: _____
Issue Date: _____
Exp. Date: _____
<b>Attach a black/white copy of your license</b>

Address: \_\_\_\_\_  
 Include City, State, Zip and apartment number if applicable.

## Dependents:

First Name	Last Name	Social Security #	Relationship	Date of Birth	Student

**Direct Deposit information:** Routing#: \_\_\_\_\_ Account#: \_\_\_\_\_  
 Saving or Checking account? \_\_\_\_\_ Is this a Joint account? \_\_\_\_\_

**\*Attach a voided check**