



Tom Cole Tax, The Tax Doctor, Inc.
Tax Preparation and Audits
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Client Information:

Taxpayer:

Last Name: _____ First Name: _____ MI: _____
email: _____ SS#: _____
Date of Birth: _____ Occupation: _____
Work Phone: _____ ext. _____ Cell Phone: _____ Home Phone: _____
Address: _____ City: _____ State: _____ Zip: _____

Spouse:

Last Name: _____ First Name: _____ MI: _____
email: _____ SS#: _____
Date of Birth: _____ Occupation: _____
Work Phone: _____ ext. _____ Cell Phone: _____ Home Phone: _____
Address: _____ City: _____ State: _____ Zip: _____

Dependents:

Last Name: _____ First Name: _____ MI: _____
email: _____ SS#: _____
Date of Birth: _____ Relationship: _____

Last Name: _____ First Name: _____ MI: _____
email: _____ SS#: _____
Date of Birth: _____ Relationship: _____

Last Name: _____ First Name: _____ MI: _____
email: _____ SS#: _____
Date of Birth: _____ Relationship: _____

Please provide Drivers License and Social Security Cards for Taxpayer, Spouse and All Dependents
Enrolled To Practice Before The I.R.S.