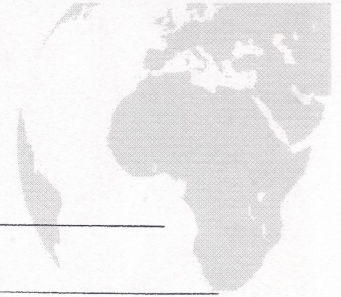


# FELIPE TAX CORP



SS# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Tel \_\_\_\_\_ Fax \_\_\_\_\_

G Name \_\_\_\_\_ DOB \_\_\_\_\_

E  
N Spouse \_\_\_\_\_ SS# \_\_\_\_\_ DOB \_\_\_\_\_

E  
R Address \_\_\_\_\_

A  
L Phone No(s) \_\_\_\_\_ & \_\_\_\_\_ Filling Status 1 2 3 4 5

OCCUPATION \_\_\_\_\_

D E P E N D E N T S	Name	SS#	Relation	DOB
	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

C C H A I R L E D	Provider's Name	EIN/SS#	Paid Amt
	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I W-2 Forms \_\_\_\_\_ Unemployment \_\_\_\_\_ 1099 Int \_\_\_\_\_ 1099-R \_\_\_\_\_

N  
C 1099-DIV \_\_\_\_\_ Self-Employment: \$ \_\_\_\_\_ Source \_\_\_\_\_

O \_\_\_\_\_

M  
E Others \_\_\_\_\_

C H E C K	ID#	Issued by	Exp. Date
	_____	_____	_____
_____	_____	_____	_____