

PERSONAL INFORMATION			
TAXPAYER		SPOUSE	
Last Name		Last Name	
First Name		First Name	
SSN	DOB	SSN	DOB
Occupation		Occupation	
Home Phone		Home Phone	
Cellular Phone		Cellular Phone	
Work Phone		Work Phone	
Email		Email	
Address		Address	

DEPENDENT INFO (IF NOT ON LAST YEAR'S TAX RETURN)		
Name	Birthdate (please provide a copy of Birth Certificate)	SSN (Please provide copy of SSN Card)

BANK INFO (FOR DIRECT DEPOSIT & TAX PAYMENTS)		
Bank Name	Bank Routing #	Bank Account #

BUSINESS INFORMATION (IF APPLICABLE)	
Company Legal Name:	Business Mailing Address
Company DBA Name (if applicable)	Business Location Address (if different)
FEIN	Email for Correspondence
State ID	Phone Number for Correspondence:

PLEASE WRITE IN ANY NOTES YOU'D LIKE US TO KNOW CONCERNING YOUR TAX RETURN:

Upload your Documents to us at <https://www.mypersonalcpas.com/clientportal.php>
 Fax your Documents to us at 808-674-0800
 Mail your Documents to us at 1001 Kamokila Blvd Suite 100, Kapolei, HI 96707
And then Call us at 808-674-0700 to let us know what method you've chosen!