

Name: _____

Address: _____

Social Security Number: _____

Phone: (_____) _____

Fax: (_____) _____

E-Mail: _____

Individual Income Tax Survey

NOTES: SURVEY QUESTIONS ARE A GUIDE ONLY. ANY QUESTIONS ANSWERED "YES" SHOULD BE EXPANDED AND EXPLAINED IN DETAIL BY THE TAXPAYER(S). THIS SURVEY AND SUPPORTING NOTES ARE TO BE KEPT WITH THE OFFICE FILES. MOST QUESTIONS ARE ASKED TWICE.

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