

**DECLARATION FORM**

[WWW.TAXEZ123.COM](http://WWW.TAXEZ123.COM)



TEL 972.907.2000  
214.503.7604

**FILING STATUS (PLEASE CHECK ONE)**


- SINGLE
- MARRIED FILING JOINT
- MARRIED FILING SEPARATE
- HEAD OF HOUSEHOLD
- QUALIFYING WIDOW(ER)



Did you use the Market Place Health Insurance?

Did you receive receive all your stimulus checks?

EMAIL \_\_\_\_\_ PHONE \_\_\_\_\_

*Returning Clients whose information is still the same as last tax year, Please only fill the the Taxpayer Personal Information. Sign and date at the bottom of the page.*

**TAXPAYER PERSONAL INFORMATION**

**SPOUSE PERSONAL INFORMATION**

FIRST NAME \_\_\_\_\_

FIRST NAME \_\_\_\_\_

LAST NAME \_\_\_\_\_

LAST NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

DOB (MM/DD/YY) \_\_\_\_\_

CITY \_\_\_\_\_

SSN \_\_\_\_\_

STATE \_\_\_\_\_

PHONE \_\_\_\_\_

ZIP CODE \_\_\_\_\_

DOB (MM/DD/YY) \_\_\_\_\_

SSN \_\_\_\_\_

**DEPENDENT INFORMATION**

FIRST NAME \_\_\_\_\_

**DEPENDENT INFORMATION**

LAST NAME \_\_\_\_\_

FIRST NAME \_\_\_\_\_

SSN \_\_\_\_\_

LAST NAME \_\_\_\_\_

DOB (MM/DD/YY) \_\_\_\_\_

SSN \_\_\_\_\_

DOB (MM/DD/YY) \_\_\_\_\_

RELATIONSHIP \_\_\_\_\_

**DEPENDENT INFORMATION**

RELATIONSHIP \_\_\_\_\_

FIRST NAME \_\_\_\_\_

**I declare the information provided by me is true and the accompanying documents are genuine.**

LAST NAME \_\_\_\_\_

**DATE** \_\_\_\_\_

SSN \_\_\_\_\_

DOB (MM/DD/YY) \_\_\_\_\_

**SIGNATURE** \_\_\_\_\_

RELATIONSHIP \_\_\_\_\_

Clients who prefer virtual interview via video or phone please fill and Upload this form in your assigned secure portal. Request an appointment [www.taxez123.com](http://www.taxez123.com). Face to face clients bring the form with you.