

Reliable Income Tax Service

5816 N Greeley Avenue (503) 289-4500

General Information

Important: The name for every person on this tax return must be exactly the same as it appears on their Social Security card. It will be checked. If you are unsure, please bring all Social Security cards to the office.

Taxpayer

Name					
Address					
Social Security #					
Date of birth					
Blind? (please circle) YES / NO			Disabled? (please circle) YES / NO		
Home phone		Cell phone		Work phone	

Spouse

Name					
Address					
Social Security #					
Date of birth					
Blind? (please circle) YES / NO			Disabled? (please circle) YES / NO		
Home phone		Cell phone		Work phone	

Dependents

Name		Name	
Social Security #		Social Security #	
Date of Birth		Date of Birth	
Relationship		Relationship	
Months lived in home (if less than 12)		Months lived in home (if less than 12)	
Disabled? (please circle) YES / NO		Disabled? (please circle) YES / NO	

Name		Name	
Social Security #		Social Security #	
Date of Birth		Date of Birth	
Relationship		Relationship	
Months lived in home (if less than 12)		Months lived in home (if less than 12)	
Disabled? (please circle) YES / NO		Disabled? (please circle) YES / NO	

Name		Name	
Social Security #		Social Security #	
Date of Birth		Date of Birth	
Relationship		Relationship	
Months lived in home (if less than 12)		Months lived in home (if less than 12)	
Disabled? (please circle) YES / NO		Disabled? (please circle) YES / NO	