

**JOSEPH A. MIRANDA, P.C.**  
**300 CHURCH STREET, SUITE 303 YALESVILLE, CONNECTICUT 06492-2253**

**Client Personal Information**

**Taxpayer [self if not married]**

**Spouse**

First Name & M/I

Last Name

Home Address

Apt

City, State, Zip Code

Home Phone

Business Phone

Cell Phone

**Personal E-mail Address**

**Personal E-mail Address**

Social Security Number

Date of Birth

Date of Death

Occupation

Blind

Yes

☐

No

☐

Yes

☐

No

☐

Dependent of Another

Yes

☐

No

☐

Yes

☐

No

☐

Presidential Election Fund

Yes

☐

No

☐

Yes

☐

No

☐

**Do you authorize the IRS and state tax department to discuss your return with this tax preparer if necessary?**

Yes

☐

No

☐

**Dependents**

X if full-time student

**X**

Name/Relationship

SSN / Date of Birth

Name / Relationship

SSN / Date of Birth

Name / Relationship

SSN / Date of Birth

Name / Relationship

SSN / Date of Birth