

**JOSEPH A. MIRANDA, LLC**  
**CERTIFIED PUBLIC ACCOUNTANT**  
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**Personal Information Worksheet**

**Taxpayer**

**Spouse [if married]**

First Name & M/I \_\_\_\_\_

Last Name \_\_\_\_\_

Home Address \_\_\_\_\_ Apt \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_

Business Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

**Personal E-mail Address (T)** \_\_\_\_\_

**Personal E-mail Address (S)** \_\_\_\_\_

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**

Name/Relationship \_\_\_\_\_

SSN / Date of Birth \_\_\_\_\_

Name / Relationship \_\_\_\_\_

SSN / Date of Birth \_\_\_\_\_

Name / Relationship \_\_\_\_\_

SSN / Date of Birth \_\_\_\_\_

Name / Relationship \_\_\_\_\_

SSN / Date of Birth \_\_\_\_\_