



Welcome to Denver Tax Group!

Please tell us about yourself:

Name: _____

SSN or ITIN: _____ D.O.B.: _____

Occupation: _____

Address: _____

City: _____ State: _____ Zip Code _____

Spouse/Domestic Partner

Spouse: _____

SSN or ITIN: _____ D.O.B.: _____

Dependents

Dependent 1: _____

SSN or ITIN: _____ D.O.B.: _____

Dependent 2: _____

SSN or ITIN: _____ D.O.B.: _____

Dependent 3: _____

SSN or ITIN: _____ D.O.B.: _____

Dependent 4: _____

SSN or ITIN: _____ D.O.B.: _____

Contact Information

Main Number: _____

Email Address Filer: _____

Email Address Spouse: _____