

# EAGLE TAX AND BOOKKEEPING

## 2025 Tax Season – Taxpayer Registration Form

### PERSONAL INFORMATION FOR EACH FAMILY MEMBER:

- Name (Taxpayer): \_\_\_\_\_ Date of Birth: \_\_\_\_\_
- Name (Spouse): \_\_\_\_\_ Date of Birth: \_\_\_\_\_
- Taxpayer-Social Security Card /ITIN/ATIN: \_\_\_\_\_
- Spouse-Social Security Card /ITIN/ATIN: \_\_\_\_\_
- Taxpayer-Valid Driver's License #: \_\_\_\_\_
- Spouse-Valid Driver's License #: \_\_\_\_\_

Dependent's Name	Date of Birth	Social Sec. #	Relationship
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

### **Work Information:**

#### **Taxpayer:**

Employer's Name: \_\_\_\_\_

Employer's Phone Number: \_\_\_\_\_ Job Position: \_\_\_\_\_

#### **Spouse:**

Employer's Name: \_\_\_\_\_

Employer's Phone Number: \_\_\_\_\_ Job Position: \_\_\_\_\_

### **HEALTH INSURANCE INFORMATION:**

DO YOU HAVE HEALTHCARE INSURANCE? \_ YES \_ NO.

PLEASE, WRITE THE NAME OF YOUR HEALTH INSURANCE PROVIDER \_\_\_\_\_

**DID YOU RECEIVE UNEMPLOYMENT BENEFITS DURING YEAR 2020?** \_\_\_\_\_

**DID YOU RECEIVE MONEY FROM PLATFORM APPS (CASH APP, VENMO, ZELLE, SQUARE, STRIPE, PAYPAL, ETC...)?** \_ YES \_ NOT

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**TAXPAYER'S SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**SPOUSE'S SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**Current Address:** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip Code** \_\_\_\_\_

**Home/Cell Phone:** \_\_\_\_\_ **Spouse's Cell Phone#** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

1. Social Security Cards (Taxpayer, Spouse & All Dependents)
2. Driver's License (Taxpayer & Spouse)
3. ITIN Number certificate (If apply)
4. Consular I.D. Card or Passport (If apply)
5. Dependents under 18 yrs old: Birth Certificate, School/College Records & Medical Records
6. Proof of Health Insurance for everyone in this tax report (if any)