

EAGLE TAX AND BOOKKEEPING

2026 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 HEALTH CARE INSURANCE? ____ YES ____ NO.

PLEASE, WRITE THE NAME OF YOUR HEALTH INSURANCE PROVIDER _____

DID YOU RECEIVE UNEMPLOYMENT BENEFITS DURING YEAR 2025? _____

DID YOU RECEIVE INCOME BY APPLICATIONS OR PLATFORMS? Yes _____ Not _____ MAYBE _____

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. Drivers 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)