GARRY L ALBERT CPA PC
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2020

CLIENT DATA FORM

Taxpayer Information		Spouse Information	
Last name		Last name	
First name		First name	
Middle Initial	Suffix	Middle Initial	Suffix
Social security number		Social security number	
Occupation		Occupation	
Work phone	Ext	Work phone	Ext
Cell phone		Cell phone	
E-mail address		E-mail address	
Date of birth		Date of birth	
Address			Apartment number
City		State	ZIP Code
Home phone		Fax number	

Dependent Information

First name / Last name	MI / Suffix	Social Security Number / Relationship	Date of Birth	Months Lived with Taxpayer	

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