

Please complete all relevant information and return to us along with your documents.

You may submit this form via email to Taxes.sjw@outlook.com, by dropping off in our customer drop box by the office door or Mail to the above address. If you prefer a portal to send secure documents, please call our office to give your email and request a link.

Taxpayer Name:Spouse Name:		Soc. See	Soc. Security #	
		Soc. Sec		
Email:	Text: Best Phone:		Best Phone:	
Address:		_		
Bank Account: Routing #	(9)	Account #		Checking / Savings
Unemployment \$	Ju	iry Duty		
Health Insurance with the	Market Place: Yes /	No If yes attach 1	L095A	
Driver's License: NO Chan	ge? If Changed or Re	enewed:		
Taxpayer ID #		State Issued	*Doc ID #	
Issue Date:	Expira	tion Date:		
Spouse ID#		State Issued	*Doc ID #	
Issue Date:	Expira	tion Date:		

- DOC ID # are the first 3 characters. It can be found either:
 - On the back of your license
 - Enhanced Licenses are on the back: after IDUSA

We will call you if we are missing information. Should you need to call the office the number is 518-883-4770 ext 2. If you get the answering machine, please leave your name and phone number, someone will get back to you within 24 hours.

Please include Unemployment, W2's, 1099s, mortgage statements and all your usual documents.