

Personal Information:

Primary Contact: Taxpayer Spouse

Filing Status: Single Married Filing Jointly Married Filing Separate

Head of Household Qualifying Widow(er)

Taxpayer Name: _____

Taxpayer SSN: _____ DOB: _____

Email: _____ Phone: _____

Spouse Name: _____

Spouse SSN: _____ DOB: _____

Email: _____ Phone: _____

Address: _____

City, State, Zip: _____

Dependents:

Name: _____ DOB: _____ SSN: _____

Claimed each year

College Student

Name: _____ DOB: _____ SSN: _____

Claimed each year

College Student

Name: _____ DOB: _____ SSN: _____

Claimed each year

College Student

How were you referred to RCA? _____

Business Name (Existing): _____

Entity Type: Sole Proprietor Partnership S-Corporation C-Corporation

Primary Business Activity: _____ Fiscal Year End: _____

Federal ID: _____ Incorporation Date: _____

Address (If Different): _____

City, State, Zip: _____

For all existing business please provide:

- EIN (IRS form SS4) Articles of Organization Stock or Member Certificates
- Operating Agreements Prior Tax Returns Form 2553 S Corp Election

Notes or Additional Information:
