

D & D Tax Service

Fax Form

Fax to: (817) 451-2338



Name:		DOB
Wages/Tips		Fed Tax W/H
Occupation		
Spouse Name:		DOB
Spouse Wages/Tips		Fed Tax W/H
Spouse Occupation		
Phone number to contact you:		
Alternate Phone Number(s)		
Filing Status: Head of Household, Single, Married Filing Joint, Married Filing Separate, Qualifying Widow(er)		
Address:		
Zip Code		
Did have your own business in 2006? If so what type?		
Business Income		
Business Expense		
Dependents (or person living in your household you are claiming on your return)		
Name:		SS#
Date of birth:		
Relationship to you		
Name:		SS#
Date of birth:		
Relationship to you		
Name:		SS#
Date of birth:		
Relationship to you		
Name:		SS#
Date of birth:		
Relationship to you		
Please check all deductions that apply		
<input type="checkbox"/> Home Mortgage interest		
<input type="checkbox"/> Real Estate		
<input type="checkbox"/> Charitable contributions		
<input type="checkbox"/> Child and dependent care expenses		
<input type="checkbox"/> IRA contributions		
<input type="checkbox"/> Medical expenses		
<input type="checkbox"/> Employee business expenses		
<input type="checkbox"/> Casualty or theft losses		
<input type="checkbox"/> Personal property tax		
<input type="checkbox"/> Moving Expenses		
<input type="checkbox"/> Student loans interest		
<input type="checkbox"/> Other miscellaneous deductions		

office use only: Name _____