General Information

	Taxpayer	Spouse
First Name		
Middle Initial		
Last Name		
Suffix		
Social Security Number		
Date of Birth		
Date of Death		

Check ("X") which phone number to list on return.

	Taxpayer	Spouse
Home Phone		
Work Phone		
Cell Phone		
Fax Number		
Legally Blind		
Totally Disabled		
Claimed as a Dependent		
Presidential Election Fund ($3)		
Occupation		
E-mail address		
State of Residence as of 12/31		
County of Residence as of 12/31		
School District as of 12/31		
Sales tax rate of locality in 2019	%	%
If Part Year, Period of Residency	to	to

Additional information is being requested this filing season in an effort to combat stolen-identity tax fraud. Please provide the requested information from the driver's license or state-issued identification card. Providing the information could help process state returns faster.

	Taxpayer	Spouse
ID type	☐ Driver's license OR ☐ State Issued ID	☐ Driver's license OR ☐ State Issued ID
ID number		
ID issuing state		
ID issue date		
ID expiration date		

Filing Status

Status on 2018 return : ☐

Status as of 12/31/2019 :

Enter ("X") in the box

- ☐ **1** Single
- ☐ **2** Married filing joint
- ☐ **3** Married filing separately (Enter spouse's name and SSN above)
- ☐ **4** Head of Household — Non-dependent name: _____ Non-dependent SSN: _____
- ☐ **5** Qualifying widow(er) with minor child — Year spouse died

Taxpayer's Address

Street _____ Apt/Suite : _____

City _____ State _____ Zip Code _____

If address is in a foreign country, enter that country . . . _____

Foreign province/county . . _____ Foreign postal code _____

If a bona fide resident of a U.S. territory, enter territory . .

Preparer's Information

Preparer's name Gehring & Farrwood, Inc

Firm's name

Street PO Box 1142, 520 E Main St

City Pullman State WA Zip Code 99163

Attestation and Signature:

To the best of my knowledge the enclosed information is correct and includes all income, deductions, and other information necessary for the preparation of this year's income tax returns for which I have adequate records.

Sign here _____ Date _____

_____ Date _____