

G&V Tax and Insurance

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Customer Information Sheet

Please complete the following information as best as possible so that we can be assured of having your correct information for preparing your income tax returns.

Dependent # 1

First Name: _____ Last Name: _____
SSN #: _____ DOB: _____
Number of Months Lived in Home: _____ Relationship: _____

Dependent # 2

First Name: _____ Last Name: _____
SSN #: _____ DOB: _____
Number of Months Lived in Home: _____ Relationship: _____

Dependent # 3

First Name: _____ Last Name: _____
SSN #: _____ DOB: _____
Number of Months Lived in Home: _____ Relationship: _____

Dependent # 4

First Name: _____ Last Name: _____
SSN #: _____ DOB: _____
Number of Months Lived in Home: _____ Relationship: _____

Child Care Information

Providers Name: _____
Providers SSN/EIN #: _____
Address: _____
City: _____ State: _____
Zip Code: _____