Individual Tax Filing Information 2026

Taxpayer & Spouse Information: **[Existing client MUST fill out Name, Address, and changed information & SIGN]**

Tax Payer Name: _____
First Name Middle Name Last Name

Tax Payer Address: _____
Full Street Address Apt# City State Zip Code

Tax Payer SS#:_____ **Tax Payer DOB:** [MM/DD/YYYY]_____

Phone No._____ **e-Mail Address:** _____

Tax Payer Occupation: _____

Spouse Name: _____
First Name Middle Name Last Name

Spouse DOB: [MM/DD/YYYY]_____ **Spouse SS#:** _____

Phone No._____ **e-Mail Address:** _____

Spouse Occupation: _____

Filing Status (Please tick mark in one):- ☐ **Single;** ☐ **Married Filing Jointly;** ☐ **Married Filing Separately;** ☐ **Head of Household (with qualifying person);** ☐ **Qualifying Widow(er) (with dependent child)** ☐ **Non Resident Alien (need to file 1040NR)**

Special Note (if any): _____

Dependent Information (You Must show us original SS Card & provide proof of residency in order to verify child information):

Name [write below this line] [write below this line] **SS#** [write below this line] **DOB** [month/day/year] **Relationship**

1._____.
☐ Living with you more than half year; ☐ You support more than half; ☐ Full time college student; ☐ Disable; ☐ Other

2._____.
☐ Living with you more than half year; ☐ You support more than half; ☐ Full time college student; ☐ Disable; ☐ Other

3._____.
☐ Living with you more than half year; ☐ You support more than half; ☐ Full time college student; ☐ Disable; ☐ Other

Important Notes for Compliance [please read and put tick mark on the box after you understand it]:

- ☐ **You must provide us your health insurance information for whole family to include on your tax return.**
- ☐ **You must report Foreign Financial/Bank Account [outside of the USA] Greater than $10,000.**
- ☐ **You must comply with FATCA rules and regulation. [you can engage us for such with separate engagement]**
- ☐ **Please note: you should pay our fee; provide required documents; and you and your spouse MUST sign the return before efiling your return. If return is late due to your negligence we are not responsible for late filing.**
- ☐ **Please note: we don't provide any legal advice please contact your legal consular for legal advice.**
- ☐ **Please ask us other Checklist to identify what income to report and what expense you can claim on your tax return.**
- ☐ **Income & Other Information: [Please complete "Basic Log for Filing Information"]**
- ☐ **How much STIMULUS Payment did you receive? 4Th rebate $_____**

Note: Please provide us W-2, 1099 Form and other source of ALL income you received in entire year. In order to claim deductible expenses please also provide us bills & receipts or 1098 Form for expenses you are claiming. Please keep your detail information with you up to 4 years. For direct deposit, you need to provide us a VOID Check of your bank account.

The information provided on this form is true, accurate and from actual records. I/(we) here by authorize **TaxRaja Management Associates, LLC** and its representative to prepare and file my/(our) income tax return.

Provide a Void-Check for a tax deposit or payment.

Return preparation **FEE** is due up front.

FEE is non-refundable!

_____ _____
Taxpayer Signature *Spouse Signature*
Date: Date: