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INFINITY TAX ADVISORS PERSONAL DATA FORM

Please complete only if new to our office or to report changes

PRIMARY TAXPAYER INFO	SPOUSE INFO
Name:	Name:
Soc Sec #:	Soc Sec #:
Date of Birth:	Date of Birth:
Email Address:	Email Address:
Primary Phone:	Primary Phone:

ADDRESS:

NOTES TO PREPARER. Please note if the taxpayer, spouse, or any dependent is blind or disabled. If spouse died in 2019, please note date of death.

In accordance with IRS reporting requirements, please provide a copy of EACH taxpayer's Driver's License or State ID, or make arrangements to call in the necessary information.

**If you are claiming any dependents, please request a
*DUE DILIGENCE VERIFICATION DOCUMENT.***

Required by IRS.

We cannot process your return without this form and supporting documentation.

Filing Status: Single Married Filing Jointly Married Filing Separately
 Head of Household Qualifying Widower with Dependent Child

Taxpayer's Occupation: _____ Spouse's Occupation: _____