Triange Tax Group, LLC
8382 Six Forks Rd STE 101, Raleigh, NC 27615
919-870-1099

# CUSTOMER DATA FORM

FIRST NAME _____ INITIAL ____ LAST NAME _____ SSN _____

SPOUSE FIRST NAME _____ INITIAL ____ LAST NAME _____ SSN _____

STREET ADDRESS _____

CITY/STATE/ZIP CODE _____ _____ _____

| | TAXPAYER | SPOUSE |
|---|---|---|
| CELL PHONE NUMBER | _____ | _____ |
| BIRTH DATE | _____ | _____ |
| EMAIL ADDRESS | _____ | _____ |

Did you, your spouse or dependent receive Health Insurance through the Marketplace?
( ) YES ( ) NO If YES, please attach FORM 1095-A

FILING STATUS:
( ) SINGLE ( ) MARRIED ( ) MARRIED FILING SEPERATELY ( ) HEAD OF HOUSEHOLD

DEPENDENTS:

| FIRST NAME | LAST NAME | DOB | SSN | RELATIONSHIP |
|---|---|---|---|---|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

BANK INFO: ROUTING# _____ ACCT# _____

Taxpayer's identity theft PIN: _____

DL #: _____ DL STATE ___ ISSUE DATE _____ EXP DATE _____

I affirm that the information provided above and any information provided verbally to any representative of Triangle Tax Group LLC is true, accurate and complete. Documents that were not provided during tax preparation may result in additional fees for an amendment.

SIGNATURE _____ DATE _____

SIGNATURE _____ DATE _____