



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	_____	_____
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EMAIL ADDRESS	_____	_____
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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
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_____	_____	_____	_____	_____
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_____	_____	_____	_____	_____
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_____	_____	_____	_____	_____
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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 _____