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TAX CLIENT REQUEST FOR INFORMATION

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

SSN (husband) _____ SSN (wife) _____

Prior Year Filing Status _____ # of prior year exemptions (line 6D) _____

Information requested: _____

Instructions for information: Please fax to# _____

Email to _____

“Snail” mail to _____

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SIGNED

DATE

Confidentiality Note

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