

# L.A. MILLER

CPA • PSC

**INDIVIDUAL 1040**

Schedule C? Y/N      Name of Sched C: \_\_\_\_\_ Date: \_\_\_\_\_

Primary Name: \_\_\_\_\_ Email: \_\_\_\_\_

Phone Number: \_\_\_\_\_ May we leave a message at this number: Y N

SS# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Spouse: \_\_\_\_\_ Email: \_\_\_\_\_

Phone Number: \_\_\_\_\_ May we leave a message at this number: Y N

SS# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address(if different from above): \_\_\_\_\_ Zip: \_\_\_\_\_

**DEPENDENT(S):**

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

SS# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

SS# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**ADDITIONAL INFORMATION:**

How did you hear about us? \_\_\_\_\_

Who previously prepared your return? \_\_\_\_\_ Did you provide us with it? Y N

Will we need to prepare 1099s for you? Y N

If so, Estimate \_\_\_\_\_

Will we need to prepare W2s for you? Y N

If so, Estimate \_\_\_\_\_

Type of client:

Construction	Entertainment/ Professional Athletes	Estate/ Trust
Factoring Company	Financial Institution	Government
Health Care Organizations	Health Care Professionals	Individuals
Insurance Agency	Insurance Company	Manufacturing
Non Profit	Real Estate Developers	Retail
Unions	Restaurant	Vet
Real Estate	Other: _____	

ADMINISTRATIVE USES ONLY:  
Practice CS\_\_ ULTRA TAX\_\_ Routing Sheet \_\_

CIRCLE ALL RETURNS THAT APPLY:  
CITY COUNTY SECRETARY OF STATE  
PROPERTY TAX RETURN