



BP Administrations

11902 Rosecrans Ave Suite B **Norwalk, CA. 90650** Tel (562) 381-2408 **Fax (562) 991-5401**

Section A:

****REQUIRED for all NEW and RETURNING CLIENTS:**

Please attach a copy of your unexpired ID

****For office use ONLY****

Tax Year: _____

Drake Portal: Yes No

IP PIN: Yes No

Section B:

IF you are a returning client, and ALL general information is the same as last years, please check this box and skip to Section D: Dependent Information: **SKIP TO SECTIONN D: PART2)**

Section C: General Information

TAXPAYER

First name & Middle Initial	Last Name	Social Security Number or ITIN	Date of Birth

***New clients MUST provide SSN and DOB information**

SPOUSE

First name & Middle Initial	Last Name	Social Security Number or ITIN	Date of Birth

***New clients MUST provide SSN and DOB information**

Street Address	City, State and Zip Code

Taxpayer Occupation	Taxpayer Phone	Spouse Occupation	Spouse Phone

Taxpayer Email Address	Spouse Email Address

Section D: Dependent Information (PART 1)

Full Name (First, Middle, Last)	Date of Birth	Social Security Number or ITIN	Relationship

Can anyone else claim the child as a dependent? Yes No

Section D: Dependent Information (PART 2)

Do you have childcare expenses? Yes No

Are you (the taxpayer) a dependent of another? Yes No

I can provide the following:

Mandatory:

Additional:

Birth Certificate

Medical Letter

Shot Records

SSN or ITIN

School Letter

Section E: Direct Deposit

Would you like to direct deposit any refunds? Yes No If yes, please provide the following:

Banking Institution	Routing Number	Account Number

If banking information is the same as last year, please leave blank