610-779-5241

610-779-5264 FAX

EMAIL: hztax2242@gmail.com

TAXPAYER'S DRIVER'S LICENSE OR STATE I.D

SPOUSE'S DRIVER'S LICENSE OR STATE I.D

NAME:	NAME:
Number:	Number:
State:	State:
Issue Date	Issue Date:
Expiration Date:	Expiration Date:
OR IF YOU DO NOT WANT TO GIVE US THIS INFORMATION, PLEASE SIGN BELOW.	
I/We understand that providing this information to my tax preparer could help me in the event of identity theft.	
However, I/We have elected not to give the state I.D. information to the tax preparer.	
Signature:	Date:
Spouse:	Date: