



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

<p>**For office use ONLY**</p> <p>Tax Year: _____</p> <p>Drake Portal: Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>IP PIN: Yes <input type="checkbox"/> No <input type="checkbox"/></p>
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Please hand the reception a valid form of identification.

Type of ID added: _____

Section B: TAXPAYER INFORMATION

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

SPOUSE/PARTNER (if applies)

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

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 Part 2**

Section C: General Information

Required for all new clients

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 this dependent on their taxes? Yes NO			
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Section D: Dependent Information (PART 2)

Do you have childcare expenses? Yes No

Are you (the taxpayer) a dependent? 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