## PC Touch Services, Inc.

## At The Services of Individuals and Small Businesses Tax Return Customers Information

First Name	Name	
M.I.	M.L	·.
Last Name	Last Name	
SSN	SSN	
<u>Occupation</u>	Occupation	
Date of Birth	Date of Birth	
<b>Marital Status</b>		
Street	Apt.	
City	State	Zip:
Email		
Home Phone	Bus. Phone	
	Dependents	
First Name		Dependent live with you:
M.I.		<del>_</del>
Last Name		<u>Care Provider</u>
SSN		EIN
Date of Birth		Care Expense
First Name		Dependent live with you:
WT		•••
Last Name		Care Provider
SSN		EIN
Date of Birth		Care Expense
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