

Central Florida Tax Service
P.O. Box 4170
Plant City, FL 33563
(813) 754-5852 FAX (813) 757-6232

Please complete the following information to assist us with your tax preparation.

Taxpayer Name: _____ SS# _____

DOB _____ Occupation: _____

Taxpayer Spouse: _____ SS# _____

DOB _____ Occupation: _____

Address: _____

City: _____ State _____ Zip Code: _____

Telephone # _____ Cell Phone # _____

E mail address _____

CHECK ONE:
Dependent Information (all fields required)

Did you have insurance in 2014? _____
Do you have a 1095 A, B or C? _____
Was the coverage for the full year? _____

NAME	SS#	DOB	RELATIONSHIP

PLEASE LIST ADDITIONAL DEPENDENTS ON THE OTHER SIDE OF THIS FORM

Please check all that apply:

Self Employed _____	Rental Income _____	Retirement Income _____
Farm Income _____	K-1 Income _____	Education Exp. _____
Day Care Exp. _____	Business Exp. _____	Corporation _____
Moving Exp. _____	Adoption Exp. _____	

YOUR BACKGROUND WORKSHEET MUST BE UPDATED EACH YEAR TO INSURE WE HAVE YOUR MOST UP TO DATE INFORMATION.