



Celestial Tax Service

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 Phone: (202) 285 6268 (202) 413 2905
 Fax: (866) 558 2620

*Please complete all information to ensure the full and correct processing of your tax return (Page 1 of 2)

YOUR INFORMATION:

Name (Last / First / MI):

Date of Birth (mm/dd/yy): SS#: Occupation:

Filing Status: Single Head of Household Married (Joint) Married (Separate)

Address (House# / Unit): Phone (Mobile)

Address (City / St / Zip): Phone (Work)

Email: Phone (Other)

License/ID: State: Issued: Expires:

SPOUSE/PARTNER INFORMATION:

Name (Last / First / MI):

Date of Birth (mm/dd/yy): SS#: Occupation:

Filing Status: Single Head of Household Married (Joint) Married (Separate)

Address (House# / Unit): Phone (Mobile)

Address (City / St / Zip): Phone (Work)

Email: Phone (Other)

License/ID: State: Issued: Expires:

DEPENDENT INFORMATION

Name (Last / First / MI):

Date of Birth (mm/dd/yy): SS#: Disability? Y N

Name (Last / First / MI):

Date of Birth (mm/dd/yy): SS#: Disability? Y N

Name (Last / First / MI):

Date of Birth (mm/dd/yy): SS#: Disability? Y N

QUESTIONNAIRE

1. Are you buying either of the following in the next year? Car? House?

2. Are any back taxes owed? How much? I owe Spouse owes

3. Did you itemize last year? I itemized Spouse itemized

4. Did you move this year? I moved Spouse moved

5. How many W2 forms for filing? My W2s Spouse W2s

6. Are there other forms for filing? You Spouse

1099-R 1098-T 1099-MISC Other

Retirement Deductions Childcare (Enter EIN or SSN)

List other forms here:

7. How did you hear about Celestial?

8. What is your IRS PIN# (If applicable)

ACCOUNT INFORMATION

Your Routing /Account # Checking Saving

Spouse Routing /Account # Checking Saving

ADDITIONAL INFORMATION

Business Expenses (Total - 12 Months)

Rent	
Supplies	
Returns/Losses	
Purchases	
Mileage (Vehicle)	
Utilities	
Repair (Vehicle)	
Parking	
Travel	
Phone	
Advertising	
Equipment	

Other: Description and amount

Total:

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Personal Expenses (Total - 12 Months)

Medical/Dental	
Donations	
Education	
Uniforms/Footwear	
Mileage (Work)	
Gas (Receipts)	
Home Repairs	
Parking/Transportation	
Travel	
Tithes	
Union Dues	

Other: Description and amount

Total:

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FILE NOTES

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DISCLOSURE

By submitting this signed or unsigned application to Celestial Tax Service with your personal information to receive any financial and/or accounting service, you attest that all information contained herein, and on any attachments, is accurate to the best of your knowledge. Submission also acknowledges that responsibility and liability for IRS audits and correspondence remains with the applicant(s). Applicant(s) acknowledge that Celestial Tax Service will process and file any information provided by applicant(s), and authorize Celestial Tax Service to verify debt owed on Social Security Number(s), and/or business Employer Identification Number(s) using the IRS Intercept Line.

SIGNATURE(S)

Print Applicant

Signature (Applicant)

Date

Print Spouse/Partner

Signature (Spouse/Partner)

Date