

GOLDEN STATE TAX & BUSINESS SERVICE
6520 LONETREE BLVD, ROCKLIN, CA 95765
(916) 784-1232 • (916) 784-0346 FAX • GOLDENSTATETAX.COM

Tax Year _____

Personal Information

Taxpayer		Spouse	
First Name & Initial		First Name & Initial	
Last Name		Last Name	
Social Security #		Social Security #	
Occupation		Occupation	
Date of Birth		Date of Birth	
Date of Death		Date of Death	
Mark if legally blind _____		Mark if legally blind _____	
Mark if dependent of another taxpayer _____		Mark if dependent of another taxpayer _____	
Do you want \$3 to go to the presidential campaign fund? Yes / No _____		Do you want \$3 to go to the presidential campaign fund? Yes / No _____	

_____ Marital Status on 12/31 (1= Single, 2= Married Filing Joint, 3=Married filing Separately, 4= Head of Household, 5=Qualified Widower)

_____ Mark if you were married but living apart all year

Present Mailing Address

Address	
Apartment number	
City	
State	
Zip Code	
Home/Evening phone	
Work/Day Phone	
E-mail Address	

Dependent Information

First Name	Last Name	Date of Birth	Social Security Number	Relationship	Months lived in your home	Care Expenses paid for dependent

Name of child who lived with you but is not your dependent _____ SS# _____

Notes and Questions
