Martin & Associates CPA, LLC

Please sign:

Post Office Box 522				Phone: 251-928-0339	
Fairhope, Alabama	30033	CLIENT INFORM	ATION 2024	Fax: 251-928-7704	
		PLEASE F			
SECTION	NA: Person	nal Information (Thank you		nformation requested)	
•		<u>Taxpayer</u>	- Palain Maria (Maria Amerika menindi ada da	<u>Spouse</u>	
Legal Name:					
Occupation:					
Date of Birth:					
Social Security #:					
Home/Cell Phone					
Email Address					
Mailing Address:					
	City:	State:		Zip Code:	
Full Legal Name		SECTION B: De Social Security #	pendent(s) Date of Birth	Palationship	
i un Legal Name		Social Security #	Date of Diffit	Relationship	
		, , , , , , , , , , , , , , , , , , ,			
	SECTION C	: Were you or your depende	nt(s) enrolled in coll	ege in 2024?	
Student Name		1098-T Provided to us?	Freshman, Sc	hman, Sophmore, Junior or Senior?	
Distriction			· 22242 VEQ		
		for business or rental purposes e, including personal residence		NO ide documentation	
,	, , , , , , , , , , , , , , , , , , ,	o, morading porconal registrics	of at total biones bross	ido doddinositation.	
Was your hea	alth insurance	e purchased through the Mark	etplace? YES NO	If yes, please provide 1095-A.	
If you purcha	and itame wit	thant Alahama galag tay, plage	sa spayida spiaa of itam	ماسر د م	
II you purona	SEC ILEITIS MAIL	thout Alabama sales tax, pleas	se provide price or items	s bought	
What was your marital sta		atus on 12/31/2024?			
•					
If you receive	d a 1099-K f	form (PayPal, Venmo, etc.), ple	ease provide.		
5 (10		74347043477	0701105		
Preferred Contact Person Preferred Method of Con					
Freieneu Me	MINOR OF COME	act. HOME PHONE	CELL PHONE	EMAIL	

Taxpayer ______ Date _____ Spouse ______ Date _____

If you are receiving a refund and wish to have it Direct-Deposited, please provide a copy of a check

Preferred Method to Receive Tax Returns PAPER COPY PORTAL ON OUR WEBSITE