Martin & Associates CPA, LLC Post Office Box 522 Fairhope, Alabama 36533

CLIEN	T IN	FORI	VATI	ON	2023
	DI E	ASE	PRIN	IT	

Phone: 251-928-0339

Fax: 251-928-7704

		PLEASE P					
SECTION A:	Personal Informa <u>Taxpa</u>		completing ALL in	ompleting ALL information requested)  Spouse			
Legal Name:	Ιαλρ	<u>ayo.</u>					
Occupation:							
Date of Birth:							
Social Security #:							
Home/Cell Phone							
Email Address							
Mailing Address:			1				
City:		Zip Code:					
Jorg.	and the state of t	State: SECTION B: Dependent(s)		The state of the s			
Full Legal Name	So	cial Security #	Date of Birth	Relationship			
			,				
Marine for a section of a feet water and a section of the section	CONCERNION OF THE PROPERTY OF AND WINDOWS AND A STREET PROPERTY OF THE PROPERT		t(s) enrolled in coll				
Student Name	1098-7	Provided to us?	Freshman, So	ophmore, Junior or Senior?			
		s or rental purposes i blease provide docur		NO			
Was your health in	nsurance purchase	d through the Marke	place? YES NO	If yes, please provide 1095-A.			
Purchase price of	items bought withou	out Alabama sales ta	<b>〈</b>	_			
What was your ma	arital status on 12/3	31/2023?		_			
Who is the primar	y contact person?						
Preferred Method of Contact: HOME PHONE CELL PHONE EMAIL							
Preferred Method	to Receive Tax Re	turns PAPER Co	OPY PORTAL ON	N OUR WEBSITE			
If you are receiving	g a refund and wis	n to have it Direct-De	posited, please provi	ide a copy of a check			
Please sign:							
Taxnaver				Date			
Spouse				Date			