

# EFS

**ELECTRONIC FILING SYSTEMS, INC.**  
**1471 RING ROAD CALUMET CITY, IL 60409**  
**PHONE 708-891-3390 FAX 708-891-3396**

IN ORDER TO EXPEDITE THE PROCESSING OF YOUR ELECTRONICALLY FILED TAX RETURN AND ASSURE COMPLETE AND ACCURATE INFORMATION, PLEASE PROVIDE THE FOLLOWING INFORMATION:

**NAMES AND SOCIAL SECURITY NUMBERS MUST MATCH THE INFORMATION CURRENTLY ON FILE WITH THE SOCIAL SECURITY ADMINISTRATION AND PRINTED ON THE SOCIAL SECURITY CARDS.**

### TAXPAYER

FULL NAME \_\_\_\_\_  
SOC. SEC. NUMBER \_\_\_\_\_  
DATE OF BIRTH \_\_\_\_\_

### SPOUSE - IF APPLICABLE

FULL NAME \_\_\_\_\_  
SOC. SEC. NUMBER \_\_\_\_\_  
DATE OF BIRTH \_\_\_\_\_

### CHILDREN / DEPENDENTS - IF APPLICABLE

FULL NAME \_\_\_\_\_  
SOC. SEC. NUMBER \_\_\_\_\_  
DATE OF BIRTH \_\_\_\_\_

FULL NAME \_\_\_\_\_  
SOC. SEC. NUMBER \_\_\_\_\_  
DATE OF BIRTH \_\_\_\_\_

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SOC. SEC. NUMBER \_\_\_\_\_  
DATE OF BIRTH \_\_\_\_\_

HOME PHONE \_\_\_\_\_ PAGER \_\_\_\_\_ CELL PHONE \_\_\_\_\_

WORK PHONE TAXPAYER \_\_\_\_\_ SPOUSE \_\_\_\_\_

