



NEW CLIENT INFORMATION FORM:

PLEASE PROVIDE PAST 2 YEARS OF TAX RETURNS BOTH FEDERAL AND STATE. PLEASE DO NOT E-MAIL SENSITIVE INFORMATION. YOU MAY FAX (732-676-7639), MAIL, OR UPLOAD DOCUMENTS TO OUR SECURE PORTAL.

DATE: _____

NAME (spouse on next page): _____

HOME ADDRESS: _____

HOME CITY, STATE, ZIP: _____

CELL PHONE: _____

EMAIL: _____

DATE OF BIRTH: _____

SOCIAL SECURITY #: _____

MARITAL STATUS: _____

DATE OF MARRIAGE: _____

BANK ROUTING # (for tax
refunds): _____

BANK ACCOUNT #: _____

HOME PHONE: _____

OCCUPATION: _____

RESIDENCY HOSPITAL (if
applicable): _____

REFERRED BY: _____

SPOUSE INFORMATION:

NAME: _____

CELL PHONE: _____

SOCIAL SECURITY #: _____

DATE OF BIRTH: _____

EMAIL: _____

OCCUPATION: _____

DEPENDENT/CHILDREN INFORMATION
(if more than 3 list on separate page):

NAME: _____

SOCIAL SECURITY #: _____

DATE OF BIRTH: _____

RELATIONSHIP: _____

NAME: _____

SOCIAL SECURITY #: _____

DATE OF BIRTH: _____

RELATIONSHIP: _____

NAME: _____

SOCIAL SECURITY #: _____

DATE OF BIRTH: _____

RELATIONSHIP: _____

PLEASE FILL OUT THE FOLLOWING PAGES TO THE BEST OF YOUR ABILITY.

Assets:

Product:	Taxpayer Value:	Spouse Value:	Joint Value:
401K/403B-Current Employer:			<u>N/A</u>
401K/403B-Former Employer:			<u>N/A</u>
Regular IRA (if multiple list separately in "other"):			<u>N/A</u>
Roth IRA (if multiple list separately in "other"):			<u>N/A</u>
Brokerage Account:			
Stocks (Outside Brokerage):			
Mutual Funds (Outside Brokerage):			
Bonds (Outside Brokerage):			
Savings/Money Market:			
CD's:			
Checking:			
Annuities:			
529 Plans:			
Cash Value Life:			
Personal Property/Collectibles:			
Real Estate:			
Other (describe):			
Other (describe):			
Other (describe):			

Liabilities:

Type	Current Balance	Original Balance	Term in Months	Interest Rate (APR)	Credit Limit Amount	Payment Amount and Mode
Credit Card:						
Auto Loan:						
Auto Loan:						
First Mortgage:						
2 nd Mortgage:						
Equity Line (HELOC):						
Student Loans: (if multiple list separately in "other"):						
Other (describe):						
Other (describe):						

Taxpayer Benefits:

Type	Value/Benefit Amount	Your Cost	Ownership
Life:			
Disability:			
Long Term Care:			
Medical:			

Spouse Benefits:

Type	Value/Benefit Amount	Your Cost	Ownership
Life:			
Disability:			
Long Term Care:			
Medical:			

Retirement Plans:

Taxpayer		Spouse	
Please describe below the type of retirement plans currently available to you. Be sure to include both employee and employer contribution/match figures and any other relevant information.		Please describe below the type of retirement plans currently available to you. Be sure to include both employee and employer contribution/match figures and any other relevant information.	
401K/403B:		401K/403B:	
Your annual contribution:		Your annual contribution:	
Employer match percentage:		Employer match percentage:	
Profit Sharing Plan:		Profit Sharing Plan:	
Your annual contribution:		Your annual contribution:	
Employer match percentage:		Employer match percentage:	
Pension (Defined Benefit Plan):		Pension (Defined Benefit plan):	
Your annual contribution:		Your annual contribution:	
Future benefit amount:		Future benefit amount:	

Relationships and Documents:

	Contact Name	Phone Number	Document Title	Applicable Date
Attorney:				
Will:				
Prior Accountant:				
Trust(s):				
Power of Attorney:				
Health Care Proxy:				
Inheritance Expected/Probate:				

Other/Notes:

Please add any other comments or notes you feel we should be aware of:

Statement of Cash Flows/Budget:

	ANNUAL	MONTHLY	COMMENTS
SALARY (NET OF TAX)			
INTEREST/DIVIDEND INCOME			
RENTAL INCOME			
OTHER (describe)			
AUTO INSURANCE			
AUTO PAYMENT			
BROKERAGE FUNDING			
CABLE/INTERNET			
CELL PHONE			
CHARITY			
COLLEGE FUNDING			
CREDIT CARDS			
DISABILITY INSURANCE			
EMPLOYER PLAN FUNDING			
GIFTS			
HEALTH SAVINGS ACCOUNT			
HOMEOWNERS INSURANCE			
IRA FUNDING			
LIFE INSURANCE			
LONG TERM CARE INSURANCE			
MORTGAGE			
MISCELLANEOUS			
REAL ESTATE TAXES			
RENTAL PROPERTY EXPENSES			
UTILITIES (GAS, ELECTRIC, WATER)			
OTHER (describe)			
OTHER (describe)			
OTHER (describe)			
OTHER (describe)			

LETTER OF AUTHORIZATION

For purposes of having Mezzasalma Advisors, and its representatives (including Mezzasalma CPAs, Anthony Mezzasalma, CPA, CFP® & John Mezzasalma, CPA, CFP®) provide truly comprehensive financial planning advice, I/we, understand that it may be convenient for us/me to have Mezzasalma Advisors obtain/provide documents and information related to our/my personal financial situation from/to various sources. Accordingly, this letter of authorization services to provide a blanket approval for Mezzasalma Advisors to obtain and to provide information, subject to the use of reasonable discretion and the below term and conditions.

Provision of Information to Mezzasalma Advisors:

In an effort to alleviate the administrative obligation of having to execute separate letters of authorization to each advisor, we/I hereby authorize Mezzasalma Advisors to use this letter to obtain information relative to our/my financial information from any of our/my outside advisors/business partners. The term “outside advisor(s)” shall relate to anyone who we/I have indicated – either in verbal or written form as having provided, or who will be providing, services to us/me or our/my family, and whose services may impact or has impacted our/my personal financial situation. This includes but is not limited to the following: accountant(s), attorney(s), private banker(s), insurance agent(s), insurance carrier(s), investment advisor(s) and business partner(s).

Release:

Mezzasalma Advisors recognizes the sensitive and confidential nature of the information used in rendering financial advice. In all instances, Mezzasalma Advisors agrees to use its reasonable discretion in providing or requesting personal information. Mezzasalma Advisors also agrees to limit these requests to information necessary to perform the stated objective(s) and to only provide information to individuals who have demonstrated a need for the information. Provided these conditions are satisfied, I hereby agree to release, indemnify and hold harmless both Mezzasalma Advisors and our outside advisors from any and all claims related to such information furnished, provided that: (1) said information is limited to which is relevant or could be reasonably relevant to the provision of financial planning advice, (2) no such information is knowingly provided to parties other than to Mezzasalma Advisors and our outside advisor, and (3) We have not expressly prohibited such information from being obtained. In addition, we understand that the above authorization in no way imputes a duty for Mezzasalma Advisors to obtain or to provide information with our advisors: rather, this authorization to be used for convenience purposes only. We understand that this authorization may be revoked at any time by written notification to Mezzasalma Advisors.

Taxpayer:

Print Name: _____

Spouse:

Print Name: _____

Sign Name: _____

Sign Name: _____

Date: _____

Date: _____

Questions

Please check the appropriate box and include all necessary details and documentation.

	Yes	No
Personal Information		
Did your marital status change during the year?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, explain: _____		
Did you get married to a same-sex spouse in a state that legally recognizes same-sex marriage?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, explain: _____		
Did your address change from last year?	<input type="checkbox"/>	<input type="checkbox"/>
Can you be claimed as a dependent by another taxpayer?	<input type="checkbox"/>	<input type="checkbox"/>
Did you change any bank accounts that have been used to direct deposit (or direct debit) funds from (or to) the IRS or other taxing authority during the tax year?	<input type="checkbox"/>	<input type="checkbox"/>
Dependent Information		
Were there any changes in dependents from the prior year?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, explain: _____		
Do you have any children under age 19 or a full-time student under age 24 with unearned income in excess of \$2,000?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have dependents who must file a tax return?	<input type="checkbox"/>	<input type="checkbox"/>
Did you provide over half the support for any other person(s) other than your dependent children during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay for child care while you worked or looked for work?	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay any expenses related to the adoption of a child during the year?	<input type="checkbox"/>	<input type="checkbox"/>
If you are divorced or separated with child(ren), do you have a divorce decree or other form of separation agreement which establishes custodial responsibilities?	<input type="checkbox"/>	<input type="checkbox"/>
Purchases, Sales and Debt Information		
Did you start a new business or purchase rental property during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you acquire a new or additional interest in a partnership or S corporation?	<input type="checkbox"/>	<input type="checkbox"/>
Did you sell, exchange, or purchase any real estate during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you purchase or sell a principal residence during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you foreclose or abandon a principal residence or real property during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you acquire or dispose of any stock during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you take out a home equity loan this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you refinance a principal residence or second home this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you sell an existing business, rental, or other property this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you lend money with the understanding of repayment and this year and it became totally uncollectable?	<input type="checkbox"/>	<input type="checkbox"/>
Did you have any debts canceled or forgiven this year, such as home mortgage or student loans?	<input type="checkbox"/>	<input type="checkbox"/>
Did you purchase a qualified plug-in electric drive vehicle or qualified fuel cell vehicle this year?	<input type="checkbox"/>	<input type="checkbox"/>
Income Information		
Did you have any foreign income or pay any foreign taxes during the year, directly or indirectly, such as from investment accounts, partnerships or a foreign employer?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any income from property sold prior to this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any unemployment benefits during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any disability income during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive tip income not reported to your employer this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did any of your life insurance policies mature, or did you surrender any policies?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any awards, prizes, hobby income, gambling or lottery winnings?	<input type="checkbox"/>	<input type="checkbox"/>

Do you expect a large fluctuation in income, deductions, or withholding next year?
If your **W2 Income** should be **allocated to other states**, please provide detail in notes section below.

Retirement Information

Are you an active participant in a pension or retirement plan?
Did you receive any Social Security benefits during the year?
Did you make any withdrawals from an IRA, Roth, Keogh, SIMPLE, SEP, 401(k), or other qualified retirement plan?
Did you receive any lump-sum payments from a pension, profit sharing or 401(k) plan?
Did you make any contributions to an IRA, Roth, Keogh, SIMPLE, SEP, 401(k), or other qualified retirement plan?

Education Information

Did you, your spouse, or your dependents attend a post-secondary school during the year, or plan to attend one in the coming year?
Did you have any educational expenses during the year on behalf of yourself, your spouse, or a dependent?
Did anyone in your family receive a scholarship of any kind during the year?
Did you make any withdrawals from an education savings or 529 Plan account?
Did you pay any student loan interest this year?
Did you cash any Series EE or I U.S. Savings bonds issued after 1989?
Did you make any contributions to an education savings or 529 Plan account?
If so how much for each child's account? _____

Health Care Information

Did you have qualifying health care coverage, such as employer-sponsored coverage or government-sponsored coverage (i.e. Medicare/Medicaid) for every month of 2014 for your family? "Your family" for health care coverage refers to you, your spouse if filing jointly, and anyone you can claim as a dependent.
Did anyone in your family qualify for an exemption from the health care coverage mandate?
Did you enroll for lower cost Marketplace Coverage through healthcare.gov under the Affordable Care Act? If yes, please provide any Form(s) 1095-A you received.
Did you make any contributions to a Health savings account (HSA) or Archer MSA?
Did you receive any distributions from a Health savings account (HSA), Archer MSA, or Medicare Advantage MSA this year?
Did you pay long-term care premiums for yourself or your family?
If you are a business owner, did you pay health insurance premiums for your employees this year?

Itemized Deduction Information

Did you incur a casualty or theft loss or any condemnation awards during the year?
Did you pay out-of-pocket medical expenses (Co-pays, prescription drugs, etc.)?
Did you make any cash or noncash charitable contributions (clothes, furniture, etc.)?
If yes, please provide evidence such as a receipt from the donee organization, a canceled check, or record of payment, to substantiate all contributions made.
Did you donate a vehicle or boat during the year? If yes, attach Form 1098-C or other written acknowledgement from the donee organization.
Did you have an expense account or allowance during the year?
Did you use your car on the job, for other than commuting?
Did you work out of town for part of the year?
Did you have any expenses related to seeking a new job during the year?
Did you make any major purchases during the year (cars, boats, etc.)?
Did you make any out-of-state purchases (by telephone, internet, mail, or in person) for which the seller did not collect state sales or use tax?

Miscellaneous Information

- Did you make gifts of more than \$14,000 to any individual?
- Did you utilize an area of your home for business purposes?
- Did you engage in any bartering transactions?
- Did you retire or change jobs this year?
- Did you incur moving costs because of a job change?
- Did you pay any individual as a household employee during the year?
- Did you make energy efficient improvements to your main home this year?
- Did you receive a distribution from, or were you a grantor or transferor for a foreign trust?
- Did you have a financial interest in or signature authority over a financial account such as a bank account, securities account, or brokerage account, located in a foreign country?
- Do you have any foreign financial accounts, foreign financial assets, or hold interest in a foreign entity?
- Did you receive correspondence from the State or the Internal Revenue Service?
- If yes, explain: _____
- Did you receive an Identity Protection PIN from the Internal Revenue Service or have you been a victim of identity theft? If yes, attach the IRS letter.
- Do you want to designate \$3 to the Presidential Election Campaign Fund? If you check yes, it will not change your tax or reduce your refund.

NOTES:

PLEASE SIGN PAGE 2 OF THE FOLLOWING ATTACHED IRS POWER OF ATTORNEY DECLARATION FORM 2848. NO NEED TO COMPLETE PAGE 1...JUST SIGN THE SECOND PAGE WHERE INDICATED (DO NOT DATE.)

PLEASE HAVE EACH SPOUSE (IF APPLICABLE) SIGN A SEPARATE FORM.

THIS FORM ALLOWS US TO CONTACT THE IRS ON YOUR BEHALF,
TRACK YOUR ESTIMATED TAX PAYMENTS, AND BETTER SERVE
YOUR TAX NEEDS.

Power of Attorney and Declaration of Representative

For IRS Use Only

Received by: _____
 Name _____
 Telephone _____
 Function _____
 Date / /

▶ Information about Form 2848 and its instructions is at www.irs.gov/form2848.

Part I Power of Attorney

Caution: A separate Form 2848 must be completed for each taxpayer. Form 2848 will not be honored for any purpose other than representation before the IRS.

1 Taxpayer information. Taxpayer must sign and date this form on page 2, line 7.

Taxpayer name and address DO NOT COMPLETE	Taxpayer identification number(s) <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Daytime telephone number</td> <td style="width: 50%;">Plan number (if applicable)</td> </tr> </table>	Daytime telephone number	Plan number (if applicable)
Daytime telephone number	Plan number (if applicable)		

hereby appoints the following representative(s) as attorney(s)-in-fact:

2 Representative(s) must sign and date this form on page 2, Part II.

Name and address DO NOT COMPLETE Check if to be sent copies of notices and communications <input type="checkbox"/>	CAF No. _____ PTIN _____ Telephone No. _____ Fax No. _____ Check if new: Address <input type="checkbox"/> Telephone No. <input type="checkbox"/> Fax No. <input type="checkbox"/>
Name and address DO NOT COMPLETE Check if to be sent copies of notices and communications <input type="checkbox"/>	CAF No. _____ PTIN _____ Telephone No. _____ Fax No. _____ Check if new: Address <input type="checkbox"/> Telephone No. <input type="checkbox"/> Fax No. <input type="checkbox"/>
Name and address DO NOT COMPLETE (Note: IRS sends notices and communications to only two representatives.)	CAF No. _____ PTIN _____ Telephone No. _____ Fax No. _____ Check if new: Address <input type="checkbox"/> Telephone No. <input type="checkbox"/> Fax No. <input type="checkbox"/>
Name and address DO NOT COMPLETE (Note: IRS sends notices and communications to only two representatives.)	CAF No. _____ PTIN _____ Telephone No. _____ Fax No. _____ Check if new: Address <input type="checkbox"/> Telephone No. <input type="checkbox"/> Fax No. <input type="checkbox"/>

to represent the taxpayer before the Internal Revenue Service and perform the following acts:

3 Acts authorized (you are required to complete this line 3). With the exception of the acts described in line 5b, I authorize my representative(s) to receive and inspect my confidential tax information and to perform acts that I can perform with respect to the tax matters described below. For example, my representative(s) shall have the authority to sign any agreements, consents, or similar documents (see instructions for line 5a for authorizing a representative to sign a return).

Description of Matter (Income, Employment, Payroll, Excise, Estate, Gift, Whistleblower, Practitioner Discipline, PLR, FOIA, Civil Penalty, Sec. 5000A Shared Responsibility Payment, Sec. 4980H Shared Responsibility Payment, etc.) (see instructions)	Tax Form Number (1040, 941, 720, etc.) (if applicable)	Year(s) or Period(s) (if applicable) (see instructions)
DO NOT COMPLETE		

4 Specific use not recorded on Centralized Authorization File (CAF). If the power of attorney is for a specific use not recorded on CAF, check this box. See the instructions for **Line 4. Specific Use Not Recorded on CAF**

5a Additional acts authorized. In addition to the acts listed on line 3 above, I authorize my representative(s) to perform the following acts (see instructions for line 5a for more information):

Authorize disclosure to third parties; Substitute or add representative(s); Sign a return; _____

Other acts authorized: _____

b Specific acts not authorized. My representative(s) is (are) not authorized to endorse or otherwise negotiate any check (including directing or accepting payment by any means, electronic or otherwise, into an account owned or controlled by the representative(s) or any firm or other entity with whom the representative(s) is (are) associated) issued by the government in respect of a federal tax liability.
List any other specific deletions to the acts otherwise authorized in this power of attorney (see instructions for line 5b): _____

6 Retention/revocation of prior power(s) of attorney. The filing of this power of attorney automatically revokes all earlier power(s) of attorney on file with the Internal Revenue Service for the same matters and years or periods covered by this document. If you **do not** want to revoke a prior power of attorney, check here **YOU MUST ATTACH A COPY OF ANY POWER OF ATTORNEY YOU WANT TO REMAIN IN EFFECT.**

7 Signature of taxpayer. If a tax matter concerns a year in which a joint return was filed, each spouse must file a separate power of attorney even if they are appointing the same representative(s). If signed by a corporate officer, partner, guardian, tax matters partner, executor, receiver, administrator, or trustee on behalf of the taxpayer, I certify that I have the legal authority to execute this form on behalf of the taxpayer.

▶ IF NOT COMPLETED, SIGNED, AND DATED, THE IRS WILL RETURN THIS POWER OF ATTORNEY TO THE TAXPAYER.

SIGN HERE

Signature Date Title (if applicable)

 Print Name Print name of taxpayer from line 1 if other than individual

Part II Declaration of Representative

Under penalties of perjury, by my signature below I declare that:

- I am not currently suspended or disbarred from practice, or ineligible for practice, before the Internal Revenue Service;
- I am subject to regulations contained in Circular 230 (31 CFR, Subtitle A, Part 10), as amended, governing practice before the Internal Revenue Service;
- I am authorized to represent the taxpayer identified in Part I for the matter(s) specified there; and
- I am one of the following:
 - a Attorney—a member in good standing of the bar of the highest court of the jurisdiction shown below.
 - b Certified Public Accountant—licensed to practice as a certified public accountant is active in the jurisdiction shown below.
 - c Enrolled Agent—enrolled as an agent by the Internal Revenue Service per the requirements of Circular 230.
 - d Officer—a bona fide officer of the taxpayer organization.
 - e Full-Time Employee—a full-time employee of the taxpayer.
 - f Family Member—a member of the taxpayer’s immediate family (spouse, parent, child, grandparent, grandchild, step-parent, step-child, brother, or sister).
 - g Enrolled Actuary—enrolled as an actuary by the Joint Board for the Enrollment of Actuaries under 29 U.S.C. 1242 (the authority to practice before the Internal Revenue Service is limited by section 10.3(d) of Circular 230).
 - h Unenrolled Return Preparer—Authority to practice before the IRS is limited. An unenrolled return preparer may represent, provided the preparer (1) prepared and signed the return or claim for refund (or prepared if there is no signature space on the form); (2) was eligible to sign the return or claim for refund; (3) has a valid PTIN; and (4) possesses the required Annual Filing Season Program Record of Completion(s). **See Special Rules and Requirements for Unenrolled Return Preparers in the instructions for additional information.**
 - k Student Attorney or CPA—receives permission to represent taxpayers before the IRS by virtue of his/her status as a law, business, or accounting student working in an LITC or STCP. See instructions for Part II for additional information and requirements.
 - r Enrolled Retirement Plan Agent—enrolled as a retirement plan agent under the requirements of Circular 230 (the authority to practice before the Internal Revenue Service is limited by section 10.3(e)).

▶ IF THIS DECLARATION OF REPRESENTATIVE IS NOT COMPLETED, SIGNED, AND DATED, THE IRS WILL RETURN THE POWER OF ATTORNEY. REPRESENTATIVES MUST SIGN IN THE ORDER LISTED IN PART I, LINE 2.

Note: For designations d-f, enter your title, position, or relationship to the taxpayer in the "Licensing jurisdiction" column.

Designation— Insert above letter (a-r).	Licensing jurisdiction (State) or other licensing authority (if applicable).	Bar, license, certification, registration, or enrollment number (if applicable).	Signature	Date
B	NJ	20CC0276770		
B	NJ	20CC03589100		

b Specific acts not authorized. My representative(s) is (are) not authorized to endorse or otherwise negotiate any check (including directing or accepting payment by any means, electronic or otherwise, into an account owned or controlled by the representative(s) or any firm or other entity with whom the representative(s) is (are) associated) issued by the government in respect of a federal tax liability.
 List any other specific deletions to the acts otherwise authorized in this power of attorney (see instructions for line 5b): _____

6 Retention/revocation of prior power(s) of attorney. The filing of this power of attorney automatically revokes all earlier power(s) of attorney on file with the Internal Revenue Service for the same matters and years or periods covered by this document. If you **do not** want to revoke a prior power of attorney, check here **YOU MUST ATTACH A COPY OF ANY POWER OF ATTORNEY YOU WANT TO REMAIN IN EFFECT.**

7 Signature of taxpayer. If a tax matter concerns a year in which a joint return was filed, each spouse must file a separate power of attorney even if they are appointing the same representative(s). If signed by a corporate officer, partner, guardian, tax matters partner, executor, receiver, administrator, or trustee on behalf of the taxpayer, I certify that I have the legal authority to execute this form on behalf of the taxpayer.

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SIGN HERE

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 Print Name Print name of taxpayer from line 1 if other than individual

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- I am authorized to represent the taxpayer identified in Part I for the matter(s) specified there; and
- I am one of the following:
 - a Attorney—a member in good standing of the bar of the highest court of the jurisdiction shown below.
 - b Certified Public Accountant—licensed to practice as a certified public accountant is active in the jurisdiction shown below.
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 - d Officer—a bona fide officer of the taxpayer organization.
 - e Full-Time Employee—a full-time employee of the taxpayer.
 - f Family Member—a member of the taxpayer’s immediate family (spouse, parent, child, grandparent, grandchild, step-parent, step-child, brother, or sister).
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Designation— Insert above letter (a-r).	Licensing jurisdiction (State) or other licensing authority (if applicable).	Bar, license, certification, registration, or enrollment number (if applicable).	Signature	Date
B	NJ	20CC0276770		
B	NJ	20CC03589100		