



Name \_\_\_\_\_ Occupation \_\_\_\_\_  
Date of Birth \_\_\_\_\_ SSN/ITIN \_\_\_\_\_  
Current Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_  
Name of Spouse \_\_\_\_\_  
Spouse's Date of Birth \_\_\_\_\_ Spouse's SSN/ITIN \_\_\_\_\_

**Complete the information in this section for the period of January 1, 201; to December 31, 201;**

**Filing Status**

Single  
Married filing jointly  
Married filing separately  
Head of Household  
Widow(er) Date of spouses death \_\_\_\_/\_\_\_\_/\_\_\_\_

**Wage/Income Information (Check all that apply and provide documentation)**

- |   |   |
|---|---|
| <input type="checkbox"/> W-2 wages                | <input type="checkbox"/> W-2G Gambling or Lottery winnings Amount\$ _____   |
| <input type="checkbox"/> 1099 Misc /Self-Employed | <input type="checkbox"/> Cash Income not reported on a 1099 Amount \$ _____ |
| <input type="checkbox"/> 1099G Unemployment wages | <input type="checkbox"/> Rental Property Income                             |
| <input type="checkbox"/> Investment Income        | <input type="checkbox"/> Interest Income from Savings, CD's, etc...         |

**ANSWER THE FOLLOWING QUESTIONS ABOUT ALL DEPENDENTS**

**Number of Dependents** \_\_\_\_\_

Name	D.O.B.	SSN/ITIN	Relationship	Months In HH	Age

**If your dependent is not your son or daughter why aren't the parents filing them?** \_\_\_\_\_  
\_\_\_\_\_

**CHECK ALL THAT APPLY**

- |  |  |
|--|--|
| <input type="checkbox"/> Child Care Expense \$ _____ | <input type="checkbox"/> Business Expense \$ _____ |
| <input type="checkbox"/> Medical Expense \$ _____    | <input type="checkbox"/> Charitable Gifts \$ _____ |
| <input type="checkbox"/> Taxes Paid \$ _____         |  |

Did you take any College or Trade School Courses in 2021? ☐Yes ☐No

If Yes, What College or Trade School did you attend? \_\_\_\_\_

Do you owe any student loans? If yes, how much? \_\_\_\_\_

Do you own a home? ☐Yes ☐No If so please provide documentation of Mortgage Interest

Do you owe back child support? ☐Yes ☐No if yes, how much? \_\_\_\_\_

Do you owe the IRS? ☐Yes ☐No If yes, how much? \_\_\_\_\_

Have you ever had a tax return audited, rejected or adjusted by the IRS? ☐Yes ☐No

If yes, explain the result of the situation \_\_\_\_\_

Do you (taxpayer) have health insurance? ☐Yes or ☐No if yes, what provider? \_\_\_\_\_

Do your dependents have health insurance? ☐Yes or ☐No if yes, what provider? \_\_\_\_\_

**REFUND OPTION**

☐ Check    ☐ Direct Deposit    ☐ Debit card

If you chose to receive your refund by Direct Deposit please complete the following:

\_\_\_\_\_ **Bank/Financial Institution**

\_\_\_\_\_ **Routing Number**

\_\_\_\_\_ **Primary Account Number**

☐ Checking                      ☐ Savings

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By signing below I give Zip Refund authorization to electronically file my 2021 Tax Return, I understand that if the IRS does not release my refund or if my refund is garnished due to a past due, unpaid debt that I am responsible for my tax preparation fee starting at \$100. I STATE THAT I HAVE KNOWLEDGE OF MY ESTIMATED REFUND AMOUNT AND TOTAL AMOUNT OF FEES FOR THE 2021 TAX YEAR. I ALSO UNDERSTAND THAT MY REFUND WILL BE ISSUED AS A CHECK OR DIRECT DEPOSITED INTO MY ACCOUNT. I ALSO UNDERSTAND THAT OWING THE IRS ANY OUTSTANDING DEBT OR ANY CHANGES TO THE IRS REGULATIONS COULD CHANGE MY REFUND AMOUNT. I UNDERSTAND THAT THE INFORMATION PROVIDED BY ME/MY SPOUSE AS LISTED ABOVE TO BE TRUE AND ACCURATE AND WILL BE USED TO PREPARE MY 2021 TAX RETURN

**Taxpayer Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Spouse’s Signature** \_\_\_\_\_ **Date** \_\_\_\_\_