YOU MAY PRINT THIS FORM AND FILL IN BY HAND OR USE *ADOBE READER* FORM-FILL AND PRINT.

DO NOT EMAIL. RETURN IN PERSON OR USPS.

Marital Status: ☐ Single ☐ Married - Filing Jointly
☐ Married - Filing Seperately ☐ Head of Household
☐ Widowed ☐ Other _____
Please Specify

Taxpayer Legal Name:_____
Current Address:_____
Date of Birth:___/____/_____ SS#:_____-_____-_____
Daytime Phone Number: ____/____/_____

Spouse Legal Name:_____
Current Address:_____
Date of Birth:___/____/_____ SS#:_____-_____-_____
Daytime Phone Number: ____/____/_____

Dependents/Children

_____ ____/____/_____ _____-_____-_____
Legal Name Date of Birth Social Security Number

_____ _____
Relationship Months lived with you

_____ ____/____/_____ _____-_____-_____
Legal Name Date of Birth Social Security Number

_____ _____
Relationship Months lived with you

_____ ____/____/_____ _____-_____-_____
Legal Name Date of Birth Social Security Number

_____ _____
Relationship Months lived with you

_____ ____/____/_____ _____-_____-_____
Legal Name Date of Birth Social Security Number

_____ _____
Relationship Months lived with you

Direct Deposit Information

_____ ☐ Checking ☐ Savings
Bank Name

_____ _____
Routing Number Account Number

Income Documents Checklist

Please privide copies of all applicable documents:

Employment & Income

☐ W-2 Forms ☐ 1099-NEC ☐ 1099-K ☐ 1099-MISC

☐ Unemployment (1099-G) ☐ Social Security (SSA-1099)

☐ Retirement Income (1099-R)

Other Income

☐ Interest Income ☐ Dividend Income (1099-DIV)

☐ Stock Sales (1099-B) ☐ Rental Income Information

Tax Credits & Deductions

☐ W-2 Forms ☐ 1099-NEC ☐ 1099-K ☐ 1099-MISC

☐ Unemployment (1099-G) ☐ Social Security (SSA-1099)

☐ Retirement Income (1099-R)

Additional Information

Did you: Receive Marketplace Health Insurance? ☐ Yes ☐ No

Have self-employment income? ☐ Yes ☐ No

Buy or sell cryptocurrency? ☐ Yes ☐ No

Receive stimulus or advance child tax credit payments? ☐ Yes ☐ No

I certify that the information provided is accurate to the best of my knowledge.

_____ _____/_____/_____
Signature Date