

Income Tax Data Sheet Year:

Filing Status: Married:	Single:	Married Filin	g Jointly:	Head of Household:	
_	Married Fili	ing Separately:	Qu	ualifying Widow(er):	
Name:		DOB:		SS:	
Spouse:		DOB:		SS:	
Phone:					
Address:					
If Change of Address,	please add OLC	address:			
Dependents:					
1		DOB:	_ SS:		
2		DOB:	_ SS:		
3		DOB:	_ SS:		
4		DOB:	_ SS:		
5		DOB:	_ SS:		
6		DOB:	_SS:		
Direct Deposit to your	Bank: YES				
Routing#		Bank Accour	nt#		
Child Tax Credit (CTC):	YES NO				
W-2 How many?		*leave copies	S*		
		leave copies			
Copies of:					
1095A / apply for healt	th insurance				
Social Security: Manda					
One of the following:	-				
ID, School ID's, Birth Ce	ertificate, Vaccir	ne card, Passpo	rt, Report ca	rd.	
If Rusiness Needs all	Records FFIN F	vnenses on Evo	el Receints	1099's etc	

Sign consent: Mandatory