

## **Taxpayer Information**

Name:	: Occupation:				
SSN: Birthd	ate:	Email:			
Phone:	Cell: 🗆				
Spouse Information					
Name:Occup			ation:	·	
SSN: Birthd	Birthdate:				
Phone:	Cell: 🗆				
Address:					
			Zip Code:		
Dependent Information					
Name( First, Initial, Last Name)	Month, Day & Year of Birth	SSN	Relationship to you	Months lived in your home this tax year?	
Questions about your Tax Return					
How did you hear about us? Were you referred to us? If so, by wh Where did you prepare your return I	iom?			_	
How would you like to receive your	refund this year?				
Check: ☐ GreenDot Card ☐ Do you	have an existing (	GreenDot card? Yes	s □ No □		
Direct Deposit □					
Bank Name:			Checking ☐ Savings ☐		
Routing Number:	Δ	Account Number:			



To be completed by Tax Preparer

Tax Forms	
W2 ☐ How many? 1099-R ☐ How many? 1099-SSA ☐ 1098 ☐ 1099-B ☐ 1099 N	NEC 🗆
1099-MISC □ 1095-A □ 1099-K □ K-1 □ Other Forms	<del></del>
Income Sources	
Were you self-employed or did you receive income not reported on a tax form? Yes $\square$ No $\square$	
Did you receive unemployment last year? Yes $\square$ No $\square$	
Did you receive form 1099K from sources such as Venmo, Paypal or Ebay? Yes $\square$ No $\square$	
Do you have any other income from any other source? Yes $\square$ No $\square$	
General Tax Questions	
Can someone claim you as a dependent? Yes $\square$ No $\square$	
Did you or your spouse have an IP-PIN? Yes ☐ No ☐ IP-PIN	
Were you or anyone in your household disabled or blind? Yes $\square$ No $\square$	
Did you or a family member receive a 1095-A or have insurance through the Healthcare Mark	etplace? Yes □ No □
Were you, your spouse, or any of your dependents a student last year? Yes ☐ No ☐	
Did you or your spouse live in or receive income from another state? Yes \( \subset \text{No } \subset \)	
Did you pay any estimated/quarterly Federal or State Tax last year? Yes ☐ No ☐ Do you currently owe the IRS for back taxes? Yes ☐ No ☐	
Did you buy, sell, or trade any cryptocurrency? Yes □ No □	
Dependent Questions	
Can anyone else claim one of your dependents? Yes $\square$ No $\square$	
Did any of your dependents incur higher education expenses? Yes $\square$ No $\square$	
Did you pay for childcare for any of your dependents? Yes $\square$ No $\square$	
Deduction Questions	
Did you itemize last year? Yes □ No □	
Did you have any unreimbursed Medical Expenses Yes $\square$ No $\square$	
Did you pay any home mortgage interest? Yes $\square$ No $\square$	
Did you pay any sales tax on any cars, boats, or motor homes last year? Yes $\square$ No $\square$	
Did you donate to any charities last year? Yes $\square$ No $\square$	
Did you have any gambling losses? Yes □ No □	
Did you make any purchases that may qualify for energy credits? Yes $\square$ No $\square$	
Did you make any IRA contributions? Yes $\square$ No $\square$	
Did anyone in your household make student loan payments? Yes $\square$ No $\square$	
Interview Completed by: Date:	
I CERTIFY THAT I WOULD LIKE MY TAXES PREPARED ACCORDING TO THE INFORMATION I SUPPLIED.	
Taxpayer's Signature: Date:	
Spouse's Signature: Date:	