

Angola tax & accounting

If dropping off your documents, please complete this form before you leave. *We can no longer accept partial information, or have missing information phoned in to us.* This creates a backlog on our phone lines, increases our staffing, which means more cost to you and longer wait times. If you need to take a form, and stop back, please feel free to do so.

Primary Taxpayer

Full Name _____ Birth Date _____ Identity PIN _____

Address if changed from last year _____

Phone # _____ Email Address _____ DL# _____

DL Issuing State _____ DL Issue Date _____ DL Expiration Date _____

Secondary Taxpayer

Full Name _____ Birth Date _____ Identity PIN _____

Address if changed from last year _____

Phone # _____ Email Address _____ DL# _____

DL Issuing State _____ DL Issue Date _____ DL Expiration Date _____

Direct Deposit Information

Bank Name _____ Routing # _____ A/C # _____

Number of Children or Other Dependents you are claiming _____

Did you have a Dependent in College ___Y___N (We will need a 1095-T form)

Did you use the Marketplace (Healthcare.gov) for your insurance? ___Y___N (We need 1095-A form)

How much was your monthly rent? _____ How many months did you pay this _____

How much were your property taxes on your primary residence? _____

Would you like our fee deducted from your refund. The cost is an additional \$30 ___Y___N