

Morganton Tax Service

RETURNING CLIENTS ONLY

(Please Print)

Did your marital status change during 2024? ☐ Yes ☐ No

If yes, what type of change?

Married ☐ Divorced ☐ Separated ☐ Widowed ☐

TAXPAYER INFORMATION			
First Name:	Middle Initial:	Last Name:	Suffix:
Social Security Number:		Email:	

SPOUSE INFORMATION (if applicable)			
First Name:	Middle Initial:	Last Name:	Suffix:
Social Security Number:		Email:	

What is the best phone number to reach you? _____

Did your home address change during last year? ☐ Yes ☐ No

If yes, what is the new address? _____

Do you have any concerns or questions you would like to be addressed?

If filing dependents – please turn over for back page.

****For dependents CLAIMED IN PREVIOUS YEARS (already on file) please complete the following:**

List his/her legal first name & school (if applicable):

Can anyone else claim any of the above as a dependent(s)?

☐ Yes ☐ No

If Yes, who?

Did all of the above live with you all 12 months of 2024?

☐ Yes ☐ No

If No, how long?

Did you provide more than 50% of the support for all of the above?

☐ Yes ☐ No

****For NEW dependents NEVER CLAIMED/NOT ON FILE please complete the following:**

First Name:	Middle Initial:	Last Name:	Suffix:
Social Security Number:	Date of Birth:	Relationship:	
How many months did he/she live with you last year? <div></div>	Did you provide more than 50% of support? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Can someone else claim him/her as a dependent? <input type="checkbox"/> Yes <input type="checkbox"/> No	If so, who? <div></div>		
Are both taxpayer and spouse the biological parents? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is the dependent Disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Was the dependent a Full time Student? <input type="checkbox"/> Yes <input type="checkbox"/> No	If so, what school? <div></div>		
First Name:	Middle Initial:	Last Name:	Suffix:
Social Security Number:	Date of Birth:	Relationship:	
How many months did he/she live with you last year? <div></div>	Did you provide more than 50% of support? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Can someone else claim him/her as a dependent? <input type="checkbox"/> Yes <input type="checkbox"/> No	If so, who? <div></div>		
Are both taxpayer and spouse the biological parents? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is the dependent Disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Was the dependent a Full time Student? <input type="checkbox"/> Yes <input type="checkbox"/> No	If so, what school? <div></div>		