

CUSTOMER INFORMATION SHEET

Office Use Only:	
_____	_____
_____	_____
_____	_____
Federal Refund	/
State Refund	/
State Refund	/

- Filing Status:**
- Single
  - Married filing Joint (Spouse must be present)
  - Married Filing Separate (Spouse information required)
  - Head of Household
  - Qualifying widow(er) with dependent child
  - Deceased (Person Filing on behalf of deceased)

- Returning Customer**
- New Customer Referred by** \_\_\_\_\_

<b>Marketplace/ Exchange Insurance</b>	
Circle one:	
Yes	No

**Tax Payer's Info:** Can you be claimed as a dependent on another return?  Yes  No

Name \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

SS# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Occupation \_\_\_\_\_

E-mail address \_\_\_\_\_@\_\_\_\_\_ .com .org  
 .net

Cell Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  Home Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  Business Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

(-----Check which # to use for primary contact-----)

**Spouse's Info:** Can you be claimed as a dependent on another return?  Yes  No **If MFS must provide spouse name and SSN**

Name \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_

SS# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Occupation \_\_\_\_\_

E-mail address \_\_\_\_\_@\_\_\_\_\_ .com .org  
 .net

<b>Marketplace/ Exchange Insurance</b>	
Circle one:	
Yes	No

**Dependent information:**

Name (Don't include self or spouse)	Relationship to taxpayer	DOB	Social Security Number	Lived w/ taxpayer at least 6mo. (2017) yes or no		Provided ½ - all of support, yes or no		Fulltime college student, check yes or no		Marketplace/ Exchange Insurance yes or no	
				Yes	No	Yes	No	Yes	No	Yes	No

**Did you, your spouse (if filing jointly), and anyone you claim as a dependent have full year minimum essential health care coverage for 2018?** Yes \_\_\_\_\_ No \_\_\_\_\_

**Was your health insurance coverage through the Market place?** Yes \_\_\_\_\_ (Form 1095-A) No \_\_\_\_\_  
**or an employer plan, private policy, or government plan/provider?** Yes \_\_\_\_\_ (Form 1095-B or 1095-C) No \_\_\_\_\_  
 (If you are claiming someone that was included on another taxpayer's policy with a Marketplace/exchange, you will need their 1095-A)

**If you or anyone in your "tax family" did not have insurance coverage for any months, list name and circle the applicable month(s):**

Name: \_\_\_\_\_ Name: \_\_\_\_\_ Name: \_\_\_\_\_

Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec      Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec      Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec

**Expenses:** Check box for expenses claimed and provide documents if applicable.

- Childcare Provider \_\_\_\_\_ SS/EIN# \_\_\_\_\_  
 Address \_\_\_\_\_ Amount \$ \_\_\_\_\_
- Moving Expenses (**Military Only**) \$ \_\_\_\_\_
- Tuition & Fees \$ \_\_\_\_\_ for whom? \_\_\_\_\_ (1098T Required)
- Home Energy Improvement \$ \_\_\_\_\_ Description \_\_\_\_\_

**Itemized Deductions**

Did you itemize last year?  Yes  No

Medical (Out of Pocket)	Amount	Interest Paid	Amount
Medical Expenses		Home Mortgage (form 1098)	
Dental Expenses		Student Loan Interest	
Prescription Drugs			
Medical Aid (glasses, Contacts, Crutches)		<b>Contributions</b>	
Transportation & Lodging during medical care		Cash	
		Non-Cash	
<b>Taxes</b>		Mileage	
State /Local			
Real Estate		<b>Employee Expenses</b>	
Personal Property (include auto registration)		Meals (On-site meals)	
<b>Additional Expenses</b>			

**Misc. Income/Credit:** (ATTACH DOCUMENT)

- Early withdrawal from 401K, etc.  Rental (Attach form for receipts & expenses)  Jury Duty
- Unemployment Compensation  Social Security Benefits  Alimony
- Small Business (Self Employed)  Pensions, IRA, Annuities, Rollover(s)  Lottery/Gambling winnings
- Royalties, Partnerships, S Corp, Estate, Trust (Attach K-1 for all Partnership/ S Corp/ Fiduciaries)

**Refund Options:** (If any)

- Mail** (Must sign waiver reason for mail selection)  **Electronic Refund** (up to 2 weeks)  **E-file Only Direct from IRS**
- Direct Deposit
- Check  Debit Card  Check  Direct Deposit  
(All fees must be paid upfront)

Name of bank \_\_\_\_\_  Checking  Saving

Routing # \_\_\_\_\_ Account # \_\_\_\_\_

\_\_\_\_\_  
 Taxpayer Signature Date

\_\_\_\_\_  
 Spouse's Signature Date

*My signature above is a testament that I provided correct information and I am responsible to produce applicable documentation, receipts, etc. if AUDITED. Make sure to keep all documentation for expenses, etc., information claimed on taxes for at least **FOUR** years for verification. I also confirm, all fees are my responsibility. I must pay upfront or have fees taken out of my tax refund. If I choose to have fees taken out of my refund, rather funded or not, I am responsible and will pay all fees upon request after expired funding deadline.*