



Please fill this form and send it to ajimenez@gdlfinancial.com

Full Name	
Date of Birth	
SSN or ITIN	
Phone Number	
Email Address	
Address - Street	
Spouse Full Name	
Spouse Date of Birth	
Spouse SSN or ITIN	

Filing Status (Single / MFJ / MFS / HOH / QW)	
Dependent 1 - Names	
Date of Birth	
SSN/ITIN	
Dependent 2 - Names	
Date of Birth	
SSN/ITIN	
Dependent 3 - Names	
Date of Birth	
SSN/ITIN	
Did you have health insurance all year? (Yes/No)	
Did you receive Marketplace Form 1095-A? (Yes/No)	

W-2 Forms (How many?)	
1099-NEC (Self-employment income?)	
1099-MISC	
1099-INT / 1099-DIV	
Unemployment income (Yes/No)	
Other income	

Childcare expenses	
College tuition (1098-T)	
Mortgage interest (1098)	
Property taxes	
Charitable donations	
Medical expenses	

Signature	
Date	