**Filing Status**: **Single HOH MFJ Qualifying Widower (Date of Spouse Death) MFS**

Can you be claimed as a dependent on someone else return? Yes No

**Email Address:** ,

**Referred by**:

# 

|  |  |
| --- | --- |
| Primary Taxpayer  **SSN** - - First Name: Last Name:  D.O.B: / / DL#: State:  Job Title Cell: ( ) -  Home: ( ) - Address:  City: State: Zip:  Are you currently serving in the Military on Active Duty? Yes No  **Dependent 1**  First Name: Last Name (**if different)**: D.O.B: / / SSN: - - Relationship: Months in Home: College Student: Yes No  Disable: Yes No (if yes, listed disability)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Dependent 3**  First Name: Last Name (**if different)**: D.O.B: / / SSN: - - Relationship: Months in Home: College Student: Yes No (if yes listed school)  Fees paid:  Disable: Yes No (if yes, listed disability)  \_\_\_\_ | Spouse  **SSN**: - - First Name: Last Name: D.O.B: / / DL#: State: Job Title Cell: ( ) -  Home: ( ) - Address:  City: State: Zip:  Are you currently serving in the Military on Active Duty? Yes No  **Dependent 2**  First Name: Last Name (**if different)**: D.O.B: / / SSN: - - Relationship: Months in Home: College Student: Yes No  Disable: Yes No (if yes, listed disability)  **Dependent 4**  First Name: Last Name (**if different)**: D.O.B: / / SSN: - - Relationship: Months in Home: College Student: Yes No (if yes listed school)  Fees paid:  Disable: Yes No (if yes, listed disability)  \_\_\_ |

**Day Care Provider**

Did your child/or children attend daycare, if so please provide daycare information below?

|  |  |
| --- | --- |
| Provider 1: SSN/EIN:  Amount: Address:  Phone ( )- - | Provider 2: SSN/EIN:  Amount: Address:  Phone ( )- - |

**Adjustment to Income**

Where you a student or did you pay Alimony, if so please answer the questions below?

|  |  |
| --- | --- |
| Tuition and Fee Ded: (Form 1098T)  Student Loan Int: (Form 1098E) | Alimony Paid: Recipient Name: Recipient SSN: - - |

**Are you delinquent on any of the following?**

|  |  |
| --- | --- |
| Child Support: Yes No Maybe Alimony: Yes No Maybe | Student Loans: Yes No Maybe State Taxes: Yes No Maybe  Federal Taxes: Yes No Maybe |

**Refund Advance**

If you are interested in receiving a refund advance, please place an **X** on the lines below.

\_\_\_\_\_\_\_ I am requesting a tax refund advancement from my tax return advancement from my tax refund

\_\_\_\_\_\_\_ I understand this is not a loan

\_\_\_\_\_\_\_ I understand I will receive a refund in the amount of $ \_\_\_\_\_\_\_\_\_\_\_\_

# Primary Taxpayer:

# Spouse:

**Date: \_**

**Date:**