

Swift Tax Service

(816) 832-4566

sandi@swifttaxkc.com

TAXPAYER INFORMATION

Taxpayer Last Name	First	Middle	Suffix	Marital Status:	
				Single <input type="checkbox"/> Married <input type="checkbox"/> Div <input type="checkbox"/> Sep <input type="checkbox"/> Widow <input type="checkbox"/>	
Social Security #	Date of Birth	Age	Occupation	Phone #:	
Email Address					
Street Address	City	County	State	Zip Code	

Could you be claimed as a dependent on another person's tax return? Y N

Did your marital status change during the year?	Y <input type="checkbox"/> N <input type="checkbox"/>	Did your address change?	Y <input type="checkbox"/> N <input type="checkbox"/>
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Do you live or work in Kansas City, Missouri? Y N

Other Information

Were you or your spouse disabled during the year?	Y <input type="checkbox"/> N <input type="checkbox"/>
Do you or your spouse want to donate to the Presidential Election Campaign?	Y <input type="checkbox"/> N <input type="checkbox"/>
Did you or your spouse file for bankruptcy? Y <input type="checkbox"/> N <input type="checkbox"/>	Chaper # filed:
Are you current on tax filings? Y <input type="checkbox"/> N <input type="checkbox"/>	

SPOUSE INFORMATION

Spouse Last Name	First	Middle	Suffix	Date of Marriage / Divorce / Separation	
Social Security #	Date of Birth	Age	Occupation	Phone #:	
Email					

Does Spouse LIVE or WORK in Kansas City, Missouri? Y N

DEPENDENTS (CHILDREN AND OTHERS)

Name (Last, First)	Relationship	SS#	DOB	# Months	
				Lived With You	College Student
				Y <input type="checkbox"/>	N <input type="checkbox"/>
				Y <input type="checkbox"/>	N <input type="checkbox"/>
				Y <input type="checkbox"/>	N <input type="checkbox"/>
				Y <input type="checkbox"/>	N <input type="checkbox"/>

Do you provide More Than Half of the Support for your Dependent? Y <input type="checkbox"/> N <input type="checkbox"/>
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Do you provide a home for or help support anyone else, not listed above? Y <input type="checkbox"/> N <input type="checkbox"/>
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Were there any births, deaths, or adoptions in your immediate family? Y <input type="checkbox"/> N <input type="checkbox"/>

Please gather the following documents:

- ALL current tax forms
- Driver's License or Official Photo ID
- Prior Year Tax Return