

ADDITIONAL REQUIRED INFORMATION

Referred By: _____

Other Information Required:

Do you Rent or Own your home (For states providing Rent Credit ONLY)? Circle One

Rent Amount per Month \$ _____ How Long Rented? _____

Landlord's Name and Address:

School District-Indiana ONLY: _____

County Lived on January 1st: _____ County Worked on January 1st: _____

Are you a NEW Sate Resident to ANY State? Complete the next two questions:

1. Dates moved IN or OUT (circle one) of State: IN _____ OUT _____

2. State moved TO or FROM: TO: _____ FROM: _____

Please answer the following for INDIANA:

- ☐ Are you a retired Civil Servant
- ☐ Are you Retired Military or Receive Survivor Benefits from the Military? ☐ Taxpayer ☐ Spouse
- ☐ Are you Reserve National Guard?
- ☐ If yes, was any of your income from involuntary orders?
- ☐ Were you mobilized and deployed for full-time service; or was your unit federalized? ☐ Yes ☐ No
- ☐ How many eligible Children attending home school or Private School: Elem-High School Only _____
- ☐ Did you contribute to a College Choice 529 Plan?
- ☐ If yes, Did you provide statements with account numbers for each eligible student?
- ☐ Did you donate to a Private School or Indiana College?
- ☐ If yes, Did you provide statements with date, amounts, and name of institution?
- ☐ Are you and/or your Spouse Public School Teachers(s) in Indiana K-12? ☐ Taxpayer ☐ Spouse
- ☐ Do you pay Partnership Long Term Care Policy Premiums?

Please answer the following for FEDERAL:

- ☐ Are you still paying on first-time home-buyer credit from 2008?
- ☐ Unemployment received? ☐ Yes ☐ No ☐ Form 1099-G
- ☐ Do you have an HSA? ☐ Yes ☐ No
- ☐ If yes, Form provided: ☐ 5498-SA ☐ 1099-SA*
- ☐ Did you receive a 1095-A from the Marketplace for Health Insurance? (i.e., Healthcare.gov)
- ☐ Do you normally claim any of the following credits:
 - ☐ Earned Income Credit
 - ☐ Child Tax Credit
 - ☐ American Opportunity Credit
 - ☐ If yes, Did you provide statements with date, amounts, and name of institution?
 - ☐ Please provide proof the child/dependent lives with you.

Cell number you want to receive texts from our portal: _____

If you do not want to receive texts from our portal please check here: _____

Payment of Tax Preparation Fees: CASH/CHECK CREDIT/DEBIT TAX REFUND

Mother's Maiden Name (ONLY if paying through Tax Refund): _____

New Clients: How did you hear about us? _____

Other Information Necessary to prepare your taxes: _____
