Taxpayer First Name Middle Initial Last Name

Spouse First Name Middle Initial Last Name

Taxpayer SS# Date of Birth Disabled? Y/N

Spouse SS# Date of Birth Disabled? Y/N

Address Apt. #

City State Zip

State of Residence as of December 31, 2021

Best Point of Phone Contact Circle One: home cell work

Occupation Spouse Occupation

E-mail Address

Spouse E-mail Address

**Filing Status:** Single Married Filing Joint Married Filing Separate Head of Household Widower

**Can you be claimed on someone else’s return? (parent, guardian)** Y/N **Are you (or a dependent) a student?** Y/N

**Are you an educator of K-12?** Y/N **Did you incur qualified unreimbursed expenses?** Y/N **How much?** $\_\_\_\_\_\_\_\_\_\_

**\*Did you receive a 3rd stimulus payment in 2021? Yes/No**

**If yes, enter the total amount you received: $\_\_\_\_\_\_\_\_\_\_**

**For qualifying individuals, the 3rd stimulus was an advanced payment of the tax year 2021 recovery rebate credit. The IRS mailed Notice 1444-C and Letter 6475 reporting the amount you received. If you did not receive a 3rd stimulus payment, then select ‘No’ above and we’ll check to see if you’re eligible to claim it on your 2021 tax return.**

**\*Did you receive any advance child tax credit payments in 2021? Yes/No**

**You should have received Letter 6419 from the IRS if you received the payments under the American Rescue Plan. If you received the payments but not the letter, confirm your info by calling the IRS at 800-908-4184 or by logging on to the IRS portal:** [**www.irs.gov/credits-deductions/child-tax-credit-update-portal**](http://www.irs.gov/credits-deductions/child-tax-credit-update-portal)

**If yes, enter the total amount you received, enter information from Letter 6419**

**Box 1 – Amount received in 2021: $\_\_\_\_\_\_\_\_\_\_**

**Box 2 – Number of children: \_\_\_\_\_\_\_\_\_\_\_**

**\*Did you purchase health insurance through the Marketplace?** **Yes/No**

**\*\*\* If Yes, you must furnish Form 1095-A, (Health Insurance Marketplace Statement) \*\*\***

**\*Did you have dependent care expenses in 2021 (childcare services) ?** **Y/N**

**Examples of qualified expenses include:**

* **Daycare (Not at your employer’s facility)**
* **Individual providing care at your home or at a facility**
* **Day or Summer Camp**
* **Before-and-after school care**

**Child Care Provider’s Name** **Provider’s SSN/EIN**

**Child Care Provider’s Address** **Amount Paid to Provider­**

**\*Did you contribute to an IRA in 2021? Y/N If so, Traditional or Roth?**

**If yes, how much did you contribute: $\_\_\_\_\_\_\_\_ How much did your spouse contribute: $\_\_\_\_\_\_\_\_**

**\*Did you contribute to a non-profit such as homeless shelters, food pantries, soup kitchens, churches and hospitals in 2021? Y/N**

**If so, what amount? $\_\_\_\_\_\_\_\_\_\_ (Up to $300)**

**Spouse amount? $\_\_\_\_\_\_\_\_\_\_ (Up to $300)**

**(In response to COVID-19, the Cares Act created a special contribution deduction in addition to the standard deduction.)**

**At any time during the year, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? Y/N**

***If you have any children or individuals that you may claim as a dependent, please complete. Documentation will be required( ie. SS Card, Birth Certificate, etc). Also, if you have more dependents, list on a separate sheet.***

**First Name** Middle Initial **Last Name**

Social Date of Birth Relationship Citizenship

Months Lived With You In U.S. Months Lived With You Outside U.S. (if any)

**First Name** Middle Initial **Last Name**

Social Date of Birth Relationship Citizenship

Months Lived With You In U.S. Months Lived With You Outside U.S. (if any)

**First Name** Middle Initial **Last Name**

Social Date of Birth Relationship Citizenship

Months Lived With You In U.S. Months Lived With You Outside U.S. (if any)

**Do you certify that all the answers on this form are, to the best of your knowledge, true, correct, and complete? Yes \_\_\_\_\_\_ No \_\_\_\_\_\_**

**Taxpayer’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**