



**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 (_____) - _____ - _____
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## 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: _____ - _____ - _____
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### 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 ___
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## 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:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Spouse:** \_\_\_\_\_ **Date:** \_\_\_\_\_