**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:**