

**MARTIAL STATUS:** SINGLE  MARRIED

New clients, how did you hear about us? \_\_\_\_\_ Who referred you? \_\_\_\_\_

**TAXPAYER INFORMATION** **SPOUSE INFORMATION**

Name (First, Initial, Last Name) \_\_\_\_\_ Name (First, Initial, Last Name) \_\_\_\_\_

SSN \_\_\_\_\_ Date of Birth \_\_\_\_\_ SSN \_\_\_\_\_ Date of Birth \_\_\_\_\_

Driver License/State ID #	State	ISS Date	Exp Date	Driver License/State ID#	State	ISS Date	Exp Date
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Occupation \_\_\_\_\_ Disabled  Occupation \_\_\_\_\_ Disabled

Cell Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_

May we contact you by text message? Yes  No  May we contact you by text message? Yes  No

E-Mail Address \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Mailing Address \_\_\_\_\_ Apt # \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Did you live at this address all year?.....Yes No Did you pay Property Tax ? .....Yes No  
 Can someone claim YOU as a dependent? .....Yes No  
 Did you LIVE or WORK in the City anytime during the year?.....Yes No

**DID YOU RECEIVE ANY OF THE FOLLOWING INCOME OR EXPENSES? (check all that apply)**

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Wages - W2's _____                                       | <input type="checkbox"/> Sale of Virtual (Crypto) Currency | <input type="checkbox"/> Medical Expenses                     |
| <input type="checkbox"/> 1099-K (Personal or Business)                            | <input type="checkbox"/> Sale of Real Estate               | <input type="checkbox"/> Rent (Complete Rent Info 2nd page)   |
| <input type="checkbox"/> Unemployment   | <input type="checkbox"/> Sale of Stocks                    | <input type="checkbox"/> Mortgage Interest                    |
| <input type="checkbox"/> Social Security Benefits                                 | <input type="checkbox"/> Child Support \$ _____            | <input type="checkbox"/> Real Estate Taxes                    |
| <input type="checkbox"/> Self-Employment (Complete SE Form)                       | <input type="checkbox"/> Child Care Expenses               | <input type="checkbox"/> Charitable Donations \$ _____        |
| <input type="checkbox"/> Pension & Annuities                                      | <input type="checkbox"/> Cash Benefits \$ _____            | <input type="checkbox"/> Energy Efficient Purchases           |
| <input type="checkbox"/> Interest   | <input type="checkbox"/> College Tuition                   | <input type="checkbox"/> Out of State Purchases               |
| <input type="checkbox"/> Dividends  | <input type="checkbox"/> Student Loan Interest             | <input type="checkbox"/> Form 1095-A (Market Place Insurance) |
| <input type="checkbox"/> Gambling Winnings  | <input type="checkbox"/> Worker's Compensation \$ _____    | <input type="checkbox"/> Other Taxable or Non-Taxable Income  |
| <input type="checkbox"/> Injured Spouse, if so, which spouse owes the debt? _____ |  |   |

**DEPENDENT INFORMATION**

First Name, Initial, Last Name	Dependent's SSN	Relationship	# Months in home	Date of Birth	Disabled	College Student
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>

**REFUND AND PAYMENT INFO: Service Payment:** Cash/Check Credit/Debit Card Deduct from Refund (Additional Fees Apply)

How would you like to receive your Refund?  Mail  Direct Deposit  Check printed in the office

Bank Information: Bank Name \_\_\_\_\_ Routing # \_\_\_\_\_  
 Account # \_\_\_\_\_  Checking  Savings