Taxpayer Name_____ **SS #** _____ **DOB**_____**Occupation**_____
Spouse Name_____**SS #** _____**DOB**_____**Occupation**_____
Current Address_____ City_____ State_____
Zip_____ Phone_____
Email_____
Have you ever been married? _____ On 12/31 of the tax year, were you married? _____
If you answered "YES" to the above, did you live with this spouse all year? _____
Do you have a documented Legal Separation? _____
If you file jointly, do you anticipate your refund being reduced/withheld due to your spouse's prior delinquent obligations? _____
If you no longer live with your spouse, on what date did you stop residing with that spouse_____
Did you, your spouse, or any member of your tax home purchase health insurance via the Marketplace?
Yes/No_____
Were you or your spouse a student during the tax year? Yes/Full Time Yes/Part Time No
Biological Children Who did you live with during the tax year? (circle all that apply, even if they are not your dependents)
*Spouse Brother/Sister Children (other Dependent) Parent(s) Boyfriend/Girlfriend Other*_____ *Lived Alone*
List everyone other than the TP/SP listed above who lived with you during the tax year (even if they are not included on your tax return)

Full Name	Relationship to TP/SP	Months lived with TP/SP	If not Claiming Check Box And stop here	Date of Birth	Social Security #	Months Of School	Gross Income
							$
							$
							$
							$
							$

Child Support paid $_____
Who cares for your child(ren) while you are at work?_____ Do you pay this individual? Y / N if yes, Childcare Provider's SSN or EIN _____ Annual Amount Paid by you $_____ by others $_____ Childcare Provider's Full Mailing Address_____

Do you live in Public / Sec on 8 Housing? Yes / No

Amounts Paid	By you	By other
Rent/Mortgage	$	$
Utilities	$	$
Food	$	$
Total		

Do you own your home? Yes / No
Do you own rental property? TP SP NA
Are you self-employed? TP SP NA
IRA/Roth Contributions: $_____
Did you receive unemployment? TP SP NA
Direct Deposit Bank: _____
Routing # _____
Account #_____
Account type: checking / savings (pre-paid cards are considered "checking" accounts)

By signing below, you acknowledge the above information is a true and complete representation of your tax year. Additionally, I ensure that your tax return is accurately prepared. If you choose not to file your return with us there will be a $50 time charge assessed for personal returns and a $100 time charge for business returns, payable by cash or credit card. Not completing a drop-off return will be considered an elect on to not file.

Taxpayer Signature: _____ Date:_____ Spouse Signature: _____ Date:_____
Taxpayer ID #:_____ PIN: _____ Date Issued_____ Expiration Date_____ Scanned____
Spouse ID #:_____ PIN: _____ Date Issued_____ Expiration Date _____ Scanned____
Receipt #: _____ Tax Year: _____ Tax Preparer Signature: _____ Prep ID_____