

| | | | | |
|-----------------------|---------------------------------|---|--|---|
| Filing status: | Single <input type="checkbox"/> | Married-Filing jointly <input type="checkbox"/> | Head of Household <input type="checkbox"/> | Qualifying Widow <input type="checkbox"/> |
|-----------------------|---------------------------------|---|--|---|

Check One

Taxpayer

SSN: _____

First name: _____ **Mid Init:** _____

Last name: _____ **Suffix:** _____

Birth date: / / _____

Occupation: _____

Phone number: _____

Email: _____

Spouse

SSN: _____

First name: _____ **Mid Init** _____

Last name: _____ **Suffix:** _____

Birth date: / / _____

Occupation: _____

(MUST HAVE TO SEND PDF COMPLETED RETURN TO YOU)

| | | |
|------------------------------|--------------------------------|--------------------------------|
| Preferred method of contact: | Email <input type="checkbox"/> | Phone <input type="checkbox"/> |
|------------------------------|--------------------------------|--------------------------------|

| | | | |
|--|--------------------------------|---|--|
| Are you or your spouse? Check any that apply. | Blind <input type="checkbox"/> | Dependent of Another <input type="checkbox"/> | Active military <input type="checkbox"/> |
|--|--------------------------------|---|--|

Address: _____

City: _____ **State:** _____ **Zip code:** _____

County: _____

| | |
|--|-------|
| Where did you file last year if NOT with FNC? | _____ |
|--|-------|

Dependents

| First name | Last name (If different) | SSN | Relationship | Months in Home during 2016 | Date of Birth |
|------------|--------------------------|-----|--------------|----------------------------|---------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Are any of the children above:

| | | | | | |
|----------|--------------------------|-------------|--------------------------|------------|--------------------------|
| Disabled | <input type="checkbox"/> | In day care | <input type="checkbox"/> | In college | <input type="checkbox"/> |
|----------|--------------------------|-------------|--------------------------|------------|--------------------------|

Check any that apply

Did you pay childcare expenses? YES NO If so how much? \$ _____

Did you pay education expenses? YES NO If so how much? \$ _____

Do you owe any of the following? Child support Student loans Alimony Back taxes
Circle those that apply

Do you own a home? YES NO

Are you self-employed? YES NO

How did you hear about us? _____