

Filing status:	Single <input type="checkbox"/>	Married-Filing jointly <input type="checkbox"/>	Head of Household <input type="checkbox"/>	Qualifying Widow <input type="checkbox"/>
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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"/>
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Are you or your spouse? Check any that apply.	Blind <input type="checkbox"/>	Dependent of Another <input type="checkbox"/>	Active military <input type="checkbox"/>
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Address: _____

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

County: _____

Where did you file last year if NOT with FNC?	_____
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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"/>
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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? _____