

PERSONAL INFORMATION	TAXPAYER	SPOUSE						
Name (On File w/ Soc. Sec.)								
Date of Birth (mm/dd/yy)								
E-mail Address								
Occupation/Job Title								
Best Contact Number								
Additional Contact Number								
Change of Address	Street							
	City	State	Zip Code					
Active Vol. Firefighter or Ambulance Worker? Taxpayer Yes <input type="checkbox"/> No <input type="checkbox"/> Spouse Yes <input type="checkbox"/> No <input type="checkbox"/>								
<b>REFUND OR AUTOMATIC WITHDRAWAL OF AMOUNTS DUE</b>								
<input type="checkbox"/> Check or <input type="checkbox"/> Direct deposit Voided Check Enclosed <input type="checkbox"/> Did your account change from Last Year? Yes <input type="checkbox"/> No <input type="checkbox"/>								
<b>DEPENDENT INFORMATION</b>								
Did your dependents change this year? New Dependent or change in a dependent? List your current year dependents below. Did your dependent file their own tax return? Please provide us with a copy before they file their own returns.								
Dependent's Last Name, First Name, Middle Initial	Date of Birth	Social Security Number	Mos. in 2019 lived with you	Child Care Expenses*				
* Provide child care provider's name address and identification number for a dependent child under age 13, or costs of caring for a handicapped individual, so you could work, attend school or look for a job.* Includes day camps, preschool and nursery school.								
<b>BEYOND HIGH SCHOOL EDUCATION TUITION AND FEES/PROFESSIONAL COURSE</b>								
Provide us with a printout of the student account for 2019 from your college or other accredited higher educational institution and form 1098T and listing dates and amounts of tuition paid, year in school, FT or PT attendance, list amounts paid for Room and Board, include amounts paid with financial aid or student loans, but do not include amounts paid with scholarship money.								
<b>2019 HEALTH INSURANCE QUESTIONNAIRE</b>								
<input type="checkbox"/> Did you receive a Form 1095-A, 1095-B, or 1095-C for 2019? Yes <input type="checkbox"/> No <input type="checkbox"/> (If yes, enclose copies) If you answered "Yes", did you have receive premium assistance through a Health Care Exchange? \$ _____.								
<b>2019 ESTIMATED TAX PAYMENTS - Please note actual check date.</b>								
	Federal	Date Paid	State	ID	Date Paid	Other State/Local	ID	Date Paid
1 <sup>st</sup> qtr pymt pd	\$		\$			\$		
2 <sup>nd</sup> qtr pymt pd	\$		\$			\$		
3 <sup>rd</sup> qtr pymt pd	\$		\$			\$		
4 <sup>th</sup> qtr pymt pd	\$		\$			\$		
<b>PERSONAL RESIDENCE</b>								
Did you sell your main residence in 2019? Yes <input type="checkbox"/> No <input type="checkbox"/> (If yes, provide us with the Settlement Statement or Statement of Sale). Did you own and use it as a principal residence for at least two of five years before the sale? Yes <input type="checkbox"/> No <input type="checkbox"/> Did you sell a previous residence within two years before the sale date and exclude any gain? Yes <input type="checkbox"/> No <input type="checkbox"/> After 2008, was the property ever used for anything other than as a principal residence (for example, as a vacation home or rental property)? Yes <input type="checkbox"/> No <input type="checkbox"/> Did you purchase a residence in 2019? Yes <input type="checkbox"/> No <input type="checkbox"/> (If yes, provide us with the Settlement Statement or Statement of Sale). Did you refinance your mortgage and take out a home equity loan? Amount of proceeds used for something other than acquiring or improving your home \$ _____.								