

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"/>								
Did you receive a recovery rebate (stimulus) check in 2020? If yes, amount received \$ _____								
REFUND OR AUTOMATIC WITHDRAWAL OF AMOUNTS DUE								
<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"/>								
DEPENDENT INFORMATION								
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 2020 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.								
BEYOND HIGH SCHOOL EDUCATION TUITION AND FEES/PROFESSIONAL COURSE								
Provide us with a printout of the student account for 2020 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.								
2020 HEALTH INSURANCE QUESTIONNAIRE								
<input type="checkbox"/> Did you or your dependent receive health insurance from the Market place? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, enclose copies of Form 1095-A, 1095-B, or 1095-C for 2020								
2020 ESTIMATED TAX PAYMENTS - Please note actual check date.								
	Federal	Date Paid	State	ID	Date Paid	Other State/Local	ID	Date Paid
1 st qtr pymt pd	\$		\$			\$		
2 nd qtr pymt pd	\$		\$			\$		
3 rd qtr pymt pd	\$		\$			\$		
4 th qtr pymt pd	\$		\$			\$		
PERSONAL RESIDENCE								
Did you sell or purchase your main residence in 2020? Yes <input type="checkbox"/> No <input type="checkbox"/> (If yes, provide us with the Settlement Statement- HUD-1). 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 refinance your mortgage and take out a home equity loan? Amount of proceeds used for something other than acquiring or improving your home \$ _____.								