

1. Please provide a copy of Driver's License and a copy of Social Security Card
2. Please provide address

Personal Information	Spouse information
Name	Name
Date of Birth	Date of Birth
SSN:	SSN:
Phone Number	Phone Number
Email	Email
Occupation Can you be claimed	Occupation Can you be claimed

Dependents:

Name	DOB	SSN	S or D

Types of income, please indicate the quantity of each applicable document

W2	1099-R	1099-DIV	1099-B
1099-NEC	Self Employed?	1099-R	1099-SSA
K1	1099-INT	1099-G	Mortgage

1. Will you or anyone on this tax return receive a 1095-A from healthcare.gov
2. Are any of the dependents in college? Do you have a 1098-T
3. Do you pay childcare for any of your dependents? Please provide care information.

X \_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

X \_\_\_\_\_  
Signature

\_\_\_\_\_  
Date