



Taxpayer Name: _____ **Occupation:** _____
Address: _____
City: _____ **State** _____ **Zip:** _____
Home Phone: _____ **Cell Phone:** _____ (Text? Y / N)
Email Address: _____ **Taxpayer Date of Birth:** _____
Spouse Name: _____ **Occupation:** _____
Home Phone: _____ **Cell Phone:** _____ (Text? Y / N)
Email: _____ **Spouse Date of Birth:** _____

ARE YOU FILING: SINGLE ____, **MARRIED** ____, **MARRIED FILING SEPARATE** ____, **HEAD OF HOUSEHOLD** ____, **QUALIFYING WIDOW(ER)** ____.

Do you **Own?** Y / N Or **Rent?** Y / N

RENT
 How much did you pay per month? _____
 Was your heat included? Y / N
 Did you move during the year? Y / N

OWN
 Real estate taxes paid: _____
 Mortgage Interest Paid: **FORM 1098**
 Home Equity? Y / N
 If yes, provide **FORM 1098**
 Do you have a second property? Y / N

INCOME RECEIVED
 ALL of your W2's, unemployment? Y / N
 Bank interest (1099INT), dividends (1099DIV)? Y/N
 Sell stock during the year Y / N
 Retirement Form 1099R. Social security Y / N
 Other income: _____

IMPORTANT NOTICE: For taxpayers who are claiming children on their return. Due to enhanced reporting requirements, we are asking all taxpayers who are claiming the Earned Income Credit (EIC), additional child tax credit or American Opportunity Credits for their children to bring in additional proof for their claim. Be sure to know what you need to bring in to file this year before you drop off.

IMPORTANT HEALTHCARE INFO:
 The Affordable Care Act (ACA) requires a full year of "minimum essential coverage" for all taxpayers and their dependents.
 Please indicate your status:
 *Coverage at your work, Medicare or State: _____
 *Insurance Marketplace (Must have 1095A) _____

DEPENDENTS / EDUCATION CREDITS
 Do you have dependents? Y / N
 Do you, your spouse or dependents have education expenses? FORM 1098 T Y / N
 Book and Supplies: _____
 Be sure to include FORM 1098 T. The 1098 T may have been delivered to your student directly through their school portal or email.

Cash/Check donations \$ _____ Did you donate a car this year? Y / N
 Non-Cash donations: \$ _____ Volunteer Mileage (total miles): _____
 If over \$500, you must include the donation receipt from the organization (Goodwill, Purple Heart) for each donation.
DEDUCTIONS: (deduction subject to limitations) Cash /Check donations (ie: church donations, United Way)
 Non Cash Donations (ie: donations of clothing, toys, etc. or Vehicles)

Bank Name: _____
Routing Number: _____ **Account Number:** _____

DEPENDANTS

First Name _____ MI _____ Last Name _____
SSN/ITIN _____ Relationship _____
DOB _____ # Months lived w/ you _____
Does this dependent have income? Y / N Child Care Credit – qualifying expenses Y / N

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DOB _____ # Months lived w/ you _____
Does this dependent have income? Y / N Child Care Credit – qualifying expenses Y / N

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SSN/ITIN _____ Relationship _____
DOB _____ # Months lived w/ you _____
Does this dependent have income? Y / N Child Care Credit – qualifying expenses Y / N

First Name _____ MI _____ Last Name _____
SSN/ITIN _____ Relationship _____
DOB _____ # Months lived w/ you _____
Does this dependent have income? Y / N Child Care Credit – qualifying expenses Y / N