



**Client Information**

**Taxpayer**

**Spouse**

Name \_\_\_\_\_

Name \_\_\_\_\_

SSN \_\_\_\_\_ Birthdate: \_\_\_\_\_

SSN \_\_\_\_\_ Birthdate: \_\_\_\_\_

Phone (Work): \_\_\_\_\_

Phone (Work): \_\_\_\_\_

Phone (Home): \_\_\_\_\_

Phone (Home): \_\_\_\_\_

Phone (Cell): \_\_\_\_\_

Phone (Cell): \_\_\_\_\_

Email \_\_\_\_\_

Spouse Email: \_\_\_\_\_

Taxpayer State DL/ID # \_\_\_\_\_

Spouse's State DL/ID # \_\_\_\_\_

Date of Issue \_\_\_\_\_

Date of Issue \_\_\_\_\_

Date of Expiration \_\_\_\_\_

Date of Expiration \_\_\_\_\_

**Circle Best Means of Contacting You:**

Home Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

Mailing Address if Different: \_\_\_\_\_

Occupation: \_\_\_\_\_

Occupation: \_\_\_\_\_

**Filing Status (Circle One):**    Single    Married Filing Joint    \*\*Married Filing Separate    Head of Household

\*\*Were you legally married as of December 31?

Yes or No

\*\*I am married, but separated on \_\_\_\_\_ Initial Here: \_\_\_\_\_

**\*IF YOU ARE CLAIMING DEPENDENTS PLEASE LIST ON BACK**

**\*IF YOU ARE REQUESTING A REFUND TO BE DIRECT DEPOSITED INFORMATION NEEDED ON THE BACK**

**SOURCE OF INCOME - CIRCLE ALL THAT APPLY**

<input type="checkbox"/> # of W2's _____	<input type="checkbox"/> 1099-R Pensions or Annuities
<input type="checkbox"/> 1099-G Unemployment	<input type="checkbox"/> 1099-SSA – Social Security
<input type="checkbox"/> Did you sell stock?	<input type="checkbox"/> Gambling Income
<input type="checkbox"/> 1099 – Misc Inc, INT, DIV	<input type="checkbox"/> Other Income

**\*\*Did you have Market Place Healthcare Insurance?    Yes or No    If so Form 1095 – A is required.**

**I CERTIFY THAT I WOULD LIKE MY TAXES PREPARED ACCORDING TO THE INFORMATION I SUPPLIED ABOVE.**

Signed \_\_\_\_\_

Date \_\_\_\_\_

Signed \_\_\_\_\_

Date \_\_\_\_\_

I am requesting to have my refund direct deposited into the following Bank Account.

Name Bank \_\_\_\_\_

Routing Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

Dependent's Name (First, Initial, Last Name)	Date of Birth	Dependent's SSN	Relationship to you	# of months in your home in 2019

\*If you are claiming a tax credit on your dependent please complete the following:

\*\*If child is over 19 years old, was the child a full time student for at least 5 months during tax year or disabled?

Yes or No

\*\*If the biological parent is not living with the child, where is the parent? \_\_\_\_\_

\*MOTHER \_\_\_\_\_

\*FATHER \_\_\_\_\_

\*\*Can you provide documentation (school records, medical records, etc.) that the child lived with you for more than half of the year? Yes or No

\*I can provide, to the Internal Revenue Service, Live Birth Certificates proving relationship on any child/children that I have listed in the dependent section. Please circle Yes or No. Initial Here: \_\_\_\_\_

\*I also can provide documentation of proof of residency on any children listed above to the IRS.

Please circle Yes or No. Initial Here: \_\_\_\_\_

If you are eligible for the Earned Income Tax Credit additional forms is needed so EITC Eligibility Requirements can be met.

I CERTIFY THAT I WOULD LIKE MY TAXES PREPARED ACCORDING TO THE INFORMATION I SUPPLIED ABOVE.

I ALSO CONSENT TO BE INTERVIEWED BY THE TAX PREPARER TO DETERMINE ELIGIBILITY OF CREDITS BASED ON INFORMATION PROVIDED ABOVE

Signed \_\_\_\_\_

Date \_\_\_\_\_

Signed \_\_\_\_\_

Date \_\_\_\_\_