

Taxpayer Name _____ SS # _____ DOB: _____ Occupation: _____

Spouse Name _____ SS # _____ DOB: _____ Occupation: _____

Current Address _____ City _____ State _____ Zip _____

Phone _____ Email _____

Have you ever been married? _____ On 12/31 of the tax year, were you married? _____

If you answered "YES" to the above, did you live with this spouse all year? _____

If you file jointly, do you anticipate your refund being reduced/withheld due to your spouse's prior delinquent obligations? _____

If you no longer live with your spouse, on what date did you stopped residing with that spouse _____

Do you have documented a Legal Separation? _____

Did you, your spouse, or any member of your tax home purchase health insurance via the Marketplace? Yes/No _____

Amount of Economic Impact Payment received (or applied to child support) in 2020 _____

Were you or your spouse a student during the tax year? Yes/Full Time Yes/Part Time No

Who did you live with during the tax year? (circle all that apply, even if they are not your dependents)

Spouse Biological Children Brother/Sister Children (other) Parent(s) Boyfriend/Girlfriend Other _____ Lived Alone

List everyone other than the TP/SP listed above who lived with you during the tax year (even if they are not included on your tax return)

Full Name	Relationship to TP/SP	Months lived with TP/SP	If not claiming check box and stop here	Date of Birth	Social Security #	Months attended school	Gross Income
							\$
							\$
							\$
							\$
							\$

Child Support received \$ _____ Child Support paid \$ _____

Who cares for your child(ren) while you are at work? _____ Do you pay this individual? Y / N

if yes, Childcare Provider's SSN or EIN _____ Annual Amount Paid by you \$ _____ by others \$ _____

Childcare Provider's Full Mailing Address _____

Do you own your home? Y N

Do you own rental property? TP SP NA

Are you self employed? TP SP NA

IRA/Roth Contributions: \$ _____

Did you receive unemployment? TP SP NA

Direct Deposit Bank: _____

Routing # _____

Account # _____ account type is: checking / savings (pre-paid cards are considered "checking" accounts)

By signing below, you acknowledge the above information is a true and complete representation of your tax year. Additionally, our tax preparers work hard to ensure that your tax return is accurate. If you choose not to file your return with us there will be a \$25 time charge assessed for personal returns and a \$75 time charge for business returns, payable by cash or credit card. Not returning to complete a drop-off return will be considered an election to not file. See a branch manager for questions on this policy.

Taxpayer Signature: _____ Date: _____ Spouse Signature: _____ Date: _____

This section must be filled out in order to determine if you qualify to use the HOH filing status. Others refers to individuals as well as Gov't assistance.

MFJ or Single taxpayers may skip this section

Do you live in Public / Section 8 Housing? Y N

Amounts Paid	by you	by others
Rent/Mortgage	\$ _____	\$ _____
Utilities	\$ _____	\$ _____
Food	\$ _____	\$ _____
Totals	\$ _____	\$ _____

Taxpayer ID: # _____ PIN: _____ Date Issued _____ Expiration Date _____ Injured _____ Scanned _____

Spouse ID: # _____ PIN: _____ Date Issued _____ Expiration Date _____ Injured _____ Scanned _____

Receipt # _____ Tax Year _____ Employee Signature _____ Prep ID _____