

Taxpayer Name \_\_\_\_\_ SS # \_\_\_\_\_ DOB: \_\_\_\_\_ Occupation: \_\_\_\_\_ IRS IP PIN \_\_\_\_\_  
 Spouse Name \_\_\_\_\_ SS # \_\_\_\_\_ DOB: \_\_\_\_\_ Occupation: \_\_\_\_\_ IRS IP PIN \_\_\_\_\_  
 Current Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_ 2022 living situation: **Homeowner** **Rent** **Public Housing/Sec. 8** **Live with family** **Other**

Have you ever been married? \_\_\_\_\_ On 12/31/2022, were you married? \_\_\_\_\_ If yes, will you be filing jointly? \_\_\_\_\_ (If yes, skip the next 3 Questions)

If you answered "YES" to the above, did you live with this spouse all year? \_\_\_\_\_ If NOT, on what date did you stopped residing with that spouse \_\_\_\_/\_\_\_\_/\_\_\_\_

Do you have documented a Legal Separation? \_\_\_\_\_ If you file jointly, do you anticipate your refund being reduced/withheld due to your spouse's delinquent obligations? \_\_\_\_\_

Did any member of your tax home purchase health insurance via the Marketplace? \_\_\_\_\_ Were you or your spouse a college student during 2022? Yes/Full Time Yes/Part Time No

Who did you live with during 2022? (even if they are not your dependents) **Spouse** **Biological Children** **Brother/Sister** **Children (other)** **Parent(s)** **Boyfriend/Girlfriend** **Other** \_\_\_\_\_

List everyone other than the Taxpayer and Spouse listed above who lived with you during 2022 (even if they are not included on your tax return and will not be claimed by you)

| Full Name (First, MI, Last) | Relationship to you | Months in 2022 lived with you | If not claiming check box and stop here | Date of Birth | Social Security # | Months attended school in 2022 | 2022 Gross Income |
|-----------------------------|---------------------|-------------------------------|---|---------------|-------------------|--------------------------------|-------------------|
|                             |                     |                               |   |               |                   |                                | \$                |
|                             |                     |                               |   |               |                   |                                | \$                |
|                             |                     |                               |   |               |                   |                                | \$                |
|                             |                     |                               |   |               |                   |                                | \$                |
|                             |                     |                               |   |               |                   |                                | \$                |

Who cares for your child(ren) while you are at work? \_\_\_\_\_ Do you pay this individual? Y / N 2022 Amount Paid by you \$ \_\_\_\_\_ by others \$ \_\_\_\_\_

if yes, Childcare Provider's SSN or EIN \_\_\_\_\_ Childcare Provider's Full Mailing Address \_\_\_\_\_

In 2022, did you work (W2)? TP SP NA Did you receive unemployment? TP SP NA Child Support paid \$ \_\_\_\_\_ Child Support Rec'd \$ \_\_\_\_\_

Are you self employed? TP SP NA Do you own rental property? TP SP NA

Traditional IRA Contributions: \$ \_\_\_\_\_ Roth Contributions: \$ \_\_\_\_\_

For Direct Deposit: Bank Name: \_\_\_\_\_

Routing # \_\_\_\_\_ Account # \_\_\_\_\_

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

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.

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

MFJ or Single taxpayers may skip this section

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 \$40 time charge assessed for personal returns or \$100 time charge for business returns, payable by cash / credit card. Not returning to complete a drop-off return will be considered an election to not file. See branch manager for questions on this policy.

Taxpayer Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Spouse Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Taxpayer ID: # \_\_\_\_\_ NY PIN: \_\_\_\_\_ Date Issued \_\_\_\_\_ Expiration Date \_\_\_\_\_ Injured \_\_\_\_\_ Scanned \_\_\_\_\_ 8821 \_\_\_\_\_

Spouse ID: # \_\_\_\_\_ NY PIN: \_\_\_\_\_ Date Issued \_\_\_\_\_ Expiration Date \_\_\_\_\_ Injured \_\_\_\_\_ Scanned \_\_\_\_\_ 8821 \_\_\_\_\_

Employee Signature \_\_\_\_\_ Preparer ID \_\_\_\_\_ Receipt# \_\_\_\_\_ Tax Year \_\_\_\_\_