

PERSONAL DA	ΓΑ				
TAXPAYER NAME		SOCIAL SECURITY #	DATE C	DATE OF BIRTH	
			<u>-</u>	_/	
SPOUSE NAME		SOCIAL SECURITY #	DATE C	DATE OF BIRTH	
STREET ADDRESS					
CITY		STATE	ZIP	ZIP	
()	()	()		
HOME PHONE		ELLULAR PHONE OK, to receive text messages	WORK PHONE	WORK PHONE	
EMAIL ADDRESS TAXPAYER OCCUPATION	ON		OUSE OCCUPATION		
FILING STATUS					
☐ SINGLE ☐ MA	ARRIED FILING JOINT	☐ MARRIED FILING	SEPARATE	OF HOUSEHOLD	
			ered unmarried on the last ain home for a qualifying de		
☐ Can Someone Else	Claim You on Their I	ncome Tax Return?			
DEPENDENTS					
NAME	DOB	SOCIAL SECURITY	RELATIONSHIP	STUDENT OR DISABLED	

SERVICE									
	☐ Federal Tax Preparation ☐ State Tax Preparation			J E-file J Mail Paper Return					
Bank Products (No Upfront Payment) ☐ RAC Refund Anticipation Check ☐ Direct Deposit ☐ Printed Check ☐ Visa Debit Card Refunds deposited on reloadab		e V	/isa Debit	(Refund in 7 – 14 days) Card					
Dire		•	s (Payment Due At Time of Service Refunds deposited directly into Mailed directly from IRS to your	Baı	nk of Acct				
Dep	oosi	t Information	RTN:	_	ACC	CT:			
*Refund time frame is based on normal processing time of 7-14 days for the IRS. However, actual receipt of payment can vary dependent on when funds are released by the IRS.									
			Life Eve	en	ts Last \	Year			
		Mortgage Intere	est			Student Loan Interest			
		Real Estate Taxe	es			Moved			
		Ad Valorem Vel	nicle Tax			Teacher Expenses			
		Charitable Cont	ributions			Prior Year State Refund			
		Un-Reimbursed	Job Expenses			Alimony Received or Paid			
		Work Two Jobs				Energy Efficient Home Improvements			
☐ Self-Employed				Receive Unemployment Benefits					
☐ Home Based Business				Receive Social Security					
☐ Gambling Earnings				Audited By IRS					
☐ Withdrew Money from Retirement		ey from Retirement			Disallowed EIC				
☐ Property Loss or Causality				Refund Payment Withheld Last Year					
☐ Education Expenses				Any other circumstance you think we might need					
		Foreclosure or I	Repossession			to know about:			
I, the undersigned, hereby certify that all the information I have provided is true and correct to the best of my knowledge. I further certify that I have provided the preparer all documents pertaining to <u>earned</u> and <u>unearned income</u> as well as any information necessary to properly complete my tax return.									
Taxpayer Signature						Date			
Spouse Signature					Date				