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TAX & ACCOUNTING SERVICES

PERSONAL INFORMATION			
TAXPAYER		SPOUSE	
Last name			
First name			
Middle initial			
Social security number			
Occupation			
Work phone/extension			
Cell phone			
E-mail address			
Driver's License/Id issuing state			
License/Id number			
License/Id expiration & Issue date			
Birthdate	MM/DD/YYYY		MM/DD/YYYY
Street address:		Apartment number:	
City:	State:	Zip Code:	
Home Phone:		Foreign country:	
Fax:		Foreign phone:	
FILING STATUS			
<input type="checkbox"/> 1. Single			
<input type="checkbox"/> 2. Married filing jointly			
<input type="checkbox"/> 3. Married Filing separately			
Check this box if you did not live with spouse at any time during the year			<input type="checkbox"/>
Check this box if you are eligible to claim spouse's exemption			<input type="checkbox"/>
Check this box if your spouse itemized deductions			<input type="checkbox"/>
<input type="checkbox"/> 4. Head of household			
If the qualifying person is a child but not your dependent, enter			
Child's name:		Child's social security number:	
<input type="checkbox"/> 5. Qualifying widow(er)			
Check the box for the year the spouse died		2017 <input type="checkbox"/>	2018 <input type="checkbox"/>
DEPENDENT INFORMATION			
Full Name <small>(First name, middle initial, last name, suffix)</small>	Social Security Number	Date of Birth	Daycare <small>(Yes or No)</small>
	Relationship		





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General Questions:

Personal Information		
		Fill Below:
1. Best form of communication?	Cell	E-mail
2. Did your marital status change during 2018? If yes, explain	Yes	No
3. Are you a veteran?	Yes	No
4. What county do you live in?		
5. Do you have dependents who must file?	Yes	No
If yes, do you want us to prepare the return(s)?	Yes	No
6. Did you buy, sell, refinance, or abandon a principal residence or other real property in 2018?	Yes	No
7. Did you and your dependents have health care coverage for the full year?	Yes	No
Did you receive any of the following IRS documents? 1095-A, 1095-B, or 1095-C <small>Forms 1095-A (Health Insurance Marketplace Statement), Form 1095-B (Health Coverage), or Form 1095-C (Employer Provided health Insurance Coverage)?</small>	Yes	No
8. The IRS is able to deposit many refunds directly into taxpayers' accounts. If you receive a refund, would you like direct deposit?	Yes	No
9. If yes, please provide the following information:		
Name of your financial institution:		
Routing Transit Number:		
Account Number:		
What type of account is this?		