|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **PERSONAL INFOMATION** | | | | | | | |
|  | | | **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** | | | | | | | |
| 1. Single | | |  | |  | | |
| 1. Married filing jointly | | |  | |  | | |
| 1. Married Filing separately | | |  | |  | | |
| Check this box if you **did not** live with spouse at any time during the year | | | | | | | |
| Check this box if you are eligible to claim spouse’s exemption | | | | | | | |
| Check this box if your spouse itemized deductions | | | | | | | |
| 1. Head of household | | |  | |  | | |
| If the qualifying person is a child but not your dependent, enter | | | | | | | |
| Child’s name: Child’s social security number: | | | | | | | |
| 1. Qualifying widow(er) | | |  | |  | | |
| Check the box for the year the spouse died 2020 2021 | | | | | | | |
| **DEPENDENT INFORMATION** | | | | | | | |
| Full Name  (First name, middle initial, last name, suffix) | | | | Social Security Number | | Date of Birth | Daycare  (Yes or No) |
| Relationship | |
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**General Questions:**

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| --- | --- | --- |
| **Personal Information** | | |
| Fill Below: | | |
| 1. Best form of communication? | Cell | E-mail |
| 1. Did your marital status change during 2022? If **yes**, explain | Yes | No |
| 1. Are you a veteran? | Yes | No |
| 1. What COUNTY (not country) do you live in? |  |  |
| 1. Do you have dependents who must file? | Yes | No |
| If yes, do you want us to prepare the return(s)? | Yes | No |
| 1. Did you buy, sell, refinance, or abandon a principal residence or other real property in 2022? | Yes | No |
| 1. 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  Forms 1095-A (Health Insurance Marketplace Statement), Form 1095-B (Health Coverage), or Form 1095-C (Employer Provided health Insurance Coverage)? | Yes | No |
| 1. The IRS is able to deposit many refunds directly into taxpayers’ accounts. If you receive a refund, would you like direct deposit? If you owe we can draft. | Yes | No |
| 1. If yes, please provide the following information: |  |  |
| Name of your financial institution: |  |  |
| Routing Transit Number: |  |  |
| Account Number: |  |  |
| What type of account is this (checking) or (savings)? |  |  |