|  |
| --- |
| **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 |
|  |  |  |  |  |  |
|  |
|  |  |  |  |  |  |
|  |
|  |  |  |  |  |  |
|  |
|  |  |  |  |  |  |
|  |
|  |  |  |  |  |  |
|  |

**General Questions:**

|  |
| --- |
| **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)? |  |  |