



TODAY'S DATE: _____ Are you and/or spouse legal residents of the United States? _____ Yes _____ No

Marital Status: Single Married Separated Divorced Widow Widower

Filing Status: Single Head of Household Married Filing Jointly Married Filing Separately Qualifying widow(er) w/dependent child

Full Legal Name: _____ Date of Birth: ____/____/____ SSN: _____-_____-_____

Occupation: _____ Home/Cell Phone: (_____) _____ - _____ Email: _____

Driver's License Issuing State: _____ Driver's License Number: _____ Driver's License Expiration: ____/____/____

Spouse Legal Name: _____ Date of Birth: ____/____/____ SSN: _____-_____-_____

Occupation: _____ Home/Cell Phone: (_____) _____ - _____ Email: _____

Driver's License Issuing State: _____ Driver's License Number: _____ Driver's License Expiration: ____/____/____

Mailing Address: _____

City/State/Zip: _____ County: _____

DEPENDENT INFORMATION



FIRST, MIDDLE, LAST NAME	DATE OF BIRTH	SOCIAL SECURITY NUMBER	RELATIONSHIP TO TAXPAYER

Did the child(ren) live with you at least 6 months of the year? _____ Yes _____ No

Are you required to file Form 8332 Release/Revocation of Claim to Exemption? _____ Yes _____ No

Did you have health insurance for all 12 months of 2019: _____ Yes _____ No

If so, is it from The Marketplace? _____ Yes _____ No *If so, we will need your form 1095-A.*

Do you pay childcare? _____ Yes _____ No *If so, please furnish statement from provider with name, SSN/EIN, address & amount paid.*

Do you pay or receive alimony: _____ Yes _____ No *If so, please be prepared to produce the name, SSN and amount paid.*

Do you make federal or state estimated payments? _____ Yes _____ No *If so, amount: _____ Federal _____ State*



Did you live out of the state or country for any portion of the year? _____ Yes _____ No

If so, provide dates and places lived: _____

2019 TAX REFUND INFORMATION

Would you like your tax refund(s) direct deposited? _____ Yes _____ No

What do you intend to do with your tax refund(s)?

- Pay medical/credit card debt
- Make a big-ticket item purchase
- Vacation
- Save
- Other: _____

Bank Name:	Checking or Savings
Routing Number:	
Account Number:	