



TURNER VAUGHT

TAX

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: _____ Cell Phone: (____) ____-____ Email: _____

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

Occupation: _____ Cell Phone: (____) ____-____ Email: _____

Mailing Address: _____

City/State/Zip: _____ County: _____

DEPENDENT INFORMATION

FULL LEGAL NAME			DATE OF BIRTH	SOCIAL SECURITY NUMBER	RELATIONSHIP TO TAXPAYER <i>(son, daughter, other dependent)</i>
FIRST	MIDDLE	LAST			

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



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Did anyone in your household have Marketplace health insurance? _____ Yes _____ No
If so, we will need your **2020 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 or received.

Do you make federal or state estimated payments? _____ Yes _____ No If so, total 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: _____

If you were a NY resident or required to file a NY return, please provide a copy of your driver's license(s).

2020 TAX REFUND DIRECT DEPOSIT INFORMATION

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

What do you intend to do with your tax refund? **Circle one:** Save Pay medical/credit card debt Go on vacation Other: _____

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