

PLEASE PROVIDE:

NEED ID

HAVE ID

TAXPAYER & SPOUSE:

COPY OF DRIVER'S LICENSE

ALL PERSONS ON RETURN:

COPY OF SOCIAL SECURITY CARDS

NAME:

MAIN PH#:

ALT PH#:

ADDRESS:

EMAIL:

1. If New, who **REFERRED** you to our office?
2. Did anyone **CHANGE JOBS** & are all W2's & 1099's provided?
3. Did anyone receive any **RETIREMENT DISTRIBUTIONS** & are all 1099-R's provided?
4. **NAMES OF DEPENDENTS** you claiming this tax year?
 - a. If they are a **NEW** dependent need Full Name with copy of Social Security Card & Date of Birth.
 - b. Have you included any of your **Dependent's W2s**?
5. Any **CHILDCARE** expenses?
 - a. Daycare Name/Tax ID#:
 - b. Amount Paid per month/How many months
 - c. Address of Provider:
6. Did you receive **CHILD SUPPORT / ALIMONY**?
 - a. Total received for the year
7. Do you **RENT**? (Rent Credit)
 - a. Name(s) on the lease:
 - b. Who did you pay it to and what is their address:
 - c. Amount paid per month / # of months paid:
 - d. Is heat in your name? Is heat included in Rent cost?
8. **ITEMIZED ITEMS**: (Only include if you usually itemize) Medical Expenses (out of pocket) & Medical Mileage, license tabs, Property taxes, Mortgage Interest (1098 Statement), Charitable Contributions
9. **HEALTH CARE COVERAGE**:
 - a. Did you purchase your health care through the **Marketplace**? If so, you should receive a 1095-A.
10. **DIRECT DEPOSIT**: CHECKING _____ **OR** SAVINGS _____
 - a. **BANK NAME**: _____
 - b. **ROUTING #**: _____ **ACCOUNT #**: _____

Did you have any of the following **Residential Energy Credits**?

- Qualified Solar Electric, Water, Wind or Geothermal property costs
- Insulation
- Exterior doors or windows
- Metal or asphalt roof installed (Not patched)
- Natural gas, propane or oil furnace or hot water boiler
- Advanced main air circulating fan

If so, please include receipts for said purchases or installations.

ADDITIONAL NOTES: