



## Tax Payer and Dependents Information

|                                   |                          |                    |
|-----------------------------------|--------------------------|--------------------|
| <b>First Name</b>                 | <b>Last Name</b>         | <b>Middle Name</b> |
| <b>Date of Birth (MM/DD/YYYY)</b> | <b>SSN (XXX-XX-XXXX)</b> | <b>Occupation</b>  |

|  |                    |                          |
|--|--------------------|--------------------------|
| <b>Street Address:</b>   |                    | <b>Apt #</b>             |
| <b>City:</b>   | <b>State:</b>      | <b>Zip Code:</b>         |
| <b>Home Phone:</b>   | <b>Cell Phone:</b> | <b>Best time to Call</b> |
| <b>Email:</b>  |                    |                          |
| <b>Immigration Status: US Citizen/Green Card/H1B/F1/Asylum, Other.....</b> |                    |                          |

|  |
|--|
| <b>Filing Status:</b> <b>Single/Married Jointly/Separately/Head of household/Widow(er)</b> |
|--|

### Dependent (Spouse):

|                                   |                          |                    |
|-----------------------------------|--------------------------|--------------------|
| <b>First Name</b>                 | <b>Last Name</b>         | <b>Middle Name</b> |
| <b>Date of Birth (MM/DD/YYYY)</b> | <b>SSN (XXX-XX-XXXX)</b> | <b>Occupation</b>  |
| <b>Phone:</b>                     | <b>E-mail:</b>           |                    |

### Dependent (Child1):

|                                   |                          |                    |
|-----------------------------------|--------------------------|--------------------|
| <b>First Name</b>                 | <b>Last Name</b>         | <b>Middle Name</b> |
| <b>Date of Birth (MM/DD/YYYY)</b> | <b>SSN (XXX-XX-XXXX)</b> | <b>Relation</b>    |

### Dependent (Child2):

|                                   |                          |                    |
|-----------------------------------|--------------------------|--------------------|
| <b>First Name</b>                 | <b>Last Name</b>         | <b>Middle Name</b> |
| <b>Date of Birth (MM/DD/YYYY)</b> | <b>SSN (XXX-XX-XXXX)</b> | <b>Relation</b>    |

### Health Care Coverage: Where was the policy obtained? Full Year/Part Year- Please check below

|                 |                    |                               |                    |
|-----------------|--------------------|-------------------------------|--------------------|
| <b>Employer</b> | <b>Marketplace</b> | <b>Medicare/Medicaid/CHIP</b> | <b>No Coverage</b> |
|-----------------|--------------------|-------------------------------|--------------------|

### Direct Deposit Information:

|                  |                 |                 |
|------------------|-----------------|-----------------|
| <b>Bank Name</b> | <b>Routing#</b> | <b>Account#</b> |
|------------------|-----------------|-----------------|

### Available Documents:

- Income Sources: Wages Income-W2, 1099-Misc., Gambling Income W-2G, Interest Income -1099 INT, Dividend Income-1099 Div, Foreclosures-1099A, Unemployment Benefit 1099-G, Tuition Fees 1098-T, 1095-A etc.
- Last Year's Income Tax Return or any tax related documents that may help to avoid the tax errors.

**Client Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_