



## Taxpayer, Spouse and Dependents Information

<b>First Name</b>	<b>Last Name</b>	<b>Middle Name</b>
<b>SSN (XXX-XX-XXXX)</b>	<b>Date of Birth (MM/DD/YYYY)</b>	<b>Occupation</b>
<b>Street Address:</b>		<b>Apt #</b>
<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>
<b>Phone:</b>	<b>Email:</b>	
<b>Immigration Status: US Citizen/Green Card/H1B/F1/L1/Asylum, Other.....</b>		

<b>Filing Status:</b>	<b>Single/Married Jointly/Separately/Head of household/Widow(er)</b>
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<b>Spouse:</b>		
<b>First Name</b>	<b>Last Name</b>	<b>Middle Name</b>
<b>SSN (XXX-XX-XXXX)</b>	<b>Date of Birth (MM/DD/YYYY)</b>	<b>Occupation</b>
<b>Phone:</b>	<b>E-mail:</b>	

<b>Dependent (Child1):</b>		
<b>First Name</b>	<b>Last Name</b>	<b>Middle Name</b>
<b>SSN (XXX-XX-XXXX)</b>	<b>Date of Birth (MM/DD/YYYY)</b>	<b>Relation Son/Daughter</b>

<b>Dependent (Child2):</b>		
<b>First Name</b>	<b>Last Name</b>	<b>Middle Name</b>
<b>SSN (XXX-XX-XXXX)</b>	<b>Date of Birth (MM/DD/YYYY)</b>	<b>Relation Son/Daughter</b>

**Health Insurance Coverage in 2022?** *Where was the policy obtained? Please check below.*

<b>Full Year/Part Year</b>	<b>Employer</b>	<b>Marketplace</b>	<b>Medicare/Medicaid/CHIP</b>	<b>No Coverage</b>
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**Direct Deposit (DD) Information:** *Please attach a copy of void check or bank DD info documents to avoid mistakes.*

<b>Bank Name</b>	<b>Checking/Saving</b>	<b>Routing#</b>	<b>Account#</b>
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At any time during 2022, did you have a financial interest in or signature authority over a financial account (bank account, securities account, or brokerage account) located in a foreign county? Did you receive a distribution?	<b>Yes</b>	<b>No</b>
During 2022, did you receive, sell, exchange, or otherwise dispose of any financial interest in any virtual currency?		

**Possible Tax Documents:**

**Earning Documents:** Wages Income - W2, 1099-NEC, Gambling Income W-2G, Interest Income 1099-INT, Dividend Income 1099-D, Foreclosures 1099-A, Unemployment 1099-G, Debt Cancellation 1099-C **Expenses:** Tuition 1098T, 1098 Mortgage, Home Purchase Closing Disclosure, Refinance, Health Insurance 1095-A etc. **Other:** Previous Year's Income Tax Return or any tax related documents that may help to avoid the tax errors. Driver's License or State Photo ID.

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

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