



PLEASE COMPLETE THE ENTIRE FORM AND SUBMIT IT ALONG WITH ALL TAX-RELATED DOCUMENTS FOR THE YEAR(S) YOU ARE FILING, INCLUDING WITHOUT LIMITATION:

- Social Security Card (for each person)
- Cancellation of Debt
- Unemployment
- Driver's License or State ID
- W-2 Forms
- Birth Certificate
- 1098-T Tuition Statement
- 1099-MISC for Contracted Workers
- 1099 Mortgage Statement

Tax year(s) to be filed: _____

Are you a new client? Yes No

Are you applying for a private loan this year? Yes No

Do you need an Amendment? Yes No

Did you have medical insurance last year? Yes No

• If so, was it for the full year? Yes No

• If not, please list the months you were covered: _____

Filing status:

Can you be claimed as a dependent for someone else? Yes No

Can your spouse be claimed as a dependent for someone else? Yes No

Are you a full-time student? Yes No

Is your spouse a full-time student? Yes No

Are you retired on total and permanent disability? Yes No

Is your spouse retired on total and permanent disability? Yes No

TAXPAYER INFORMATION

First Name: _____ Last Name: _____

Date of Birth: _____ SSN: _____

Occupation: _____ IRS PIN: _____

Email Address: _____

Mobile Phone: _____ Other Phone: _____

Mailing Address: _____

City, State and Zip: _____

SPOUSE INFORMATION

First Name: _____ Last Name: _____

Date of Birth: _____ SSN: _____

Occupation: _____ IRS PIN: _____

Email Address: _____

Mobile Phone: _____ Other Phone: _____

DEPENDENTS INFORMATION

1. Dependent's Full Name: _____

Date of Birth: _____ SSN: _____

Relationship to you: _____

Did the dependent live with you all year? Yes No

Can anyone else claim the dependent? Yes No

Is the dependent a full-time student? Yes No

2. Dependent's Full Name: _____

Date of Birth: _____ SSN: _____

Relationship to you: _____

Did the dependent live with you all year? Yes No

Can anyone else claim the dependent? Yes No

Is the dependent a full-time student? Yes No

3. Dependent's Full Name: _____

Date of Birth: _____ SSN: _____

Relationship to you: _____

Did the dependent live with you all year? Yes No

Can anyone else claim the dependent? Yes No

Is the dependent a full-time student? Yes No

4. Dependent's Full Name: _____

Date of Birth: _____ SSN: _____

Relationship to you: _____

Did the dependent live with you all year? Yes No

Can anyone else claim the dependent? Yes No

Is the dependent a full-time student? Yes No

BANKING INFORMATION

If eligible and you would like to receive your refund via direct deposit, please complete this section:

Bank Name: _____

Routing Number: _____ Account Number: _____

If you have any concerns or special requests, briefly explain here so that we can assist:

Be advised that we DO NOT offer free estimates and if you decide not to file with us, there will be a \$25.00 fee due upon completion of quote.

Please sign to verify that the information provided is true and accurate to the best of your knowledge and to agree to the immediately preceding statement.

Taxpayer Signature: _____

Date: _____

Spouse Signature: _____

Date: _____