

MAIN INFORMATION

FILING STATUS: ☐ Single ☐ Married Filing Joint ☐ Married Filing Separately
☐ Head of Household ☐ Qualifying Widow(er)

DID ANYONE RECEIVE HEALTH INSURANCE THROUGH THE HEALTHCARE.GOV MARKETPLACE? ☐ No ☐ Yes, *provide Form 1095-A*

DID ANYONE BUY, SELL, EXCHANGE ANY CRYPTOCURRENCY? (E.G. BITCOIN) ☐ No ☐ Yes

TAXPAYER

SOCIAL SECURITY NUMBER

FIRST

M.I.

LAST

DATE OF BIRTH

OCCUPATION

PHONE NUMBER

MAILING ADDRESS STREET

CITY, STATE, ZIP

EMAIL ADDRESS

SPOUSE

SOCIAL SECURITY NUMBER

FIRST

M.I.

LAST

DATE OF BIRTH

OCCUPATION

PHONE NUMBER

EMAIL ADDRESS

DEPENDENTS

SOCIAL
SECURITY
NUMBER

FIRST NAME

LAST NAME

DATE OF
BIRTH

RELATIONSHIP

MONTHS
IN HOME

PREFERENCES

HOW WOULD YOU LIKE TO RECEIVE YOUR REFUND (IF APPLICABLE):

☐ **MAIL**

☐ **DIRECT DEPOSIT**

ROUTING

ACCOUNT

NOTES FOR YOUR PREPARER:

All fees are due upon completion. Your tax return will not be filed until the office receives payment and signatures on applicable forms.

By signing below, you agree and confirm that all information provided on these pages is correct.

SIGNATURE

DATE

SIGNATURE

DATE