

Date Dropped Off: _____

Taxpayer Name: _____

DOB: _____

Occupation: _____

SSN: _____

Spouse: _____

DOB: _____

Occupation: _____

SSN: _____

Address: _____

Best Number to Contact: () _____

Preferred Email: _____

Permission to Email: Yes No

Marital Status, please check

Single Married Married Filing Separate Head of Household

For Dependents please list:

First & Last Name	SSN	DOB	Months in Home	Relationship

Did you & all dependents have healthcare for every month in 2018? Yes No

The following questions pertain to you, your spouse and all dependents for 2018:

Pay tuition expenses required for college? Yes No

Pay any student loan interest? Yes No

Have a financial interest in or signature authority over a financial account or asset located in a foreign country? Yes No

Own a property in a foreign country? Yes No

Have long term care? Yes No

Did you contribute to a retirement plan outside of your work? Yes No

Did you make any renewable energy improvements on your home in 2018?
(solar, wind or geothermal equipment) Yes No

Did you install any energy efficient equipment to your home in 2018?
(windows, insulation, ext doors, central a/c, water heater, furnace,etc) Yes No

Do you have a rental? Yes No

Did you start a new business or purchase a rental in 2018? Yes No

Did you sell or purchase any real estate in 2018? Yes No

Did you make any estimated tax payments? If so, please list when and the amount below:

Do you currently have a life insurance policy? Yes No

If you would like your refunds to be directly deposited please fill in the following information:

Bank Name: _____

Bank Routing Number: _____

Account Number: _____

Checking Savings