



Taxpayer Name _____ SSN _____ DOB _____

Phone # _____

Driver's License # _____ State _____ Issue Date _____ Exp Date _____

Spouse Name _____ SSN _____ DOB _____

Phone # _____

Driver's License # _____ State _____ Issue Date _____ Exp Date _____

Address

Street _____ City _____

State _____ Zip _____ Email _____

Filing Status Single Married Married-filing Separately Head of Household

Did you receive Health Insurance through the Health Insurance Marketplace?

Yes (must provide IRS Form 1095-A) No

**If incorrectly answered, this will result in a delay and changes to your return by the IRS.*

At any time during the year, did you receive, sell, send, or exchange or otherwise acquire financial interest in virtual currency?

Yes No

Did you work any overtime during the year?

**If yes, overtime must be provided on your W-2 or on your last paystub to receive the overtime exemption.*

Yes No

Did you purchase and finance a NEW vehicle during the year?

**If yes, please provide the make, model, loan origination date, VIN and interest paid during the year.*

Yes No

Direct Deposit - If you wish to have your refund direct deposited complete the following (if applicable).

Name of Financial Institution _____ Checking Savings

Routing # _____ Account # _____

Signature _____ Date _____

Dependents:

Name _____ SSN _____ DOB _____

of months lived with you _____ Relationship _____ Income _____

Can anyone else claim this dependent? _____ Was this dependent a student? _____

Name _____ SSN _____ DOB _____

of months lived with you _____ Relationship _____ Income _____

Can anyone else claim this dependent? _____ Was this dependent a student? _____

Name _____ SSN _____ DOB _____

of months lived with you _____ Relationship _____ Income _____

Can anyone else claim this dependent? _____ Was this dependent a student? _____

Name _____ SSN _____ DOB _____

of months lived with you _____ Relationship _____ Income _____

Can anyone else claim this dependent? _____ Was this dependent a student? _____

Signature _____ Date _____

By signing above you believe to the best of your knowledge that all information is true and correct.