

Primary Name (as shown on Social Security card):				Spouse Name (as shown on Social Security card):			
Last 4 of SSN:		Date of Birth (MM/DD/YYYY): / /		Last 4 of SSN:		Date of Birth (MM/DD/YYYY): / /	
Driver's License #:	State	Issue Date	Expire Date	Driver's License #:	State	Issue Date	Expire Date
Email Address:				Email Address:			
Occupation:				Occupation:			
Can anyone claim you as a dependent? Yes / No				Can anyone claim you as a dependent? Yes / No			
Were you married as of 12/31/2020? Yes / No							
If married, live together? Yes / No				If no, when did you separate? (MM/DD/YYYY): / /			
Address:				City:		State:	Zip Code:
State of Residence:		Phone (Day):		Phone (Evening):			

Dependent Name (First, Middle Initial, Last) as shown on Social Security card	Date of Birth (MM/DD/YYYY)	Social Security number	Relationship:	Months lived in your home in 2020?
1.				
2.				
3.				
4.				

Can anyone else claim the dependent(s) listed above? Yes / No

How many of each of the following income statements/types do you have for 2020?

TYPE	#	TYPE	#	TYPE	#
W2		1099-R (Retirement)		K-1 (S-Corp, Part., Estate)	
1099-INT (Interest Income)		SSA-1099 (Social Security)		Alimony Received	
1099-DIV (Dividend Income)		1099-B (Sale of Stocks or Bonds)		Railroad Retirement	
1099-MISC (IRA, 401K, Retirement)		Rental Income		1099-C (Cancellation of Debt)	
1099-NEC		Installment Sales		Other Income:	
1099-G (Unemployment/State Refund)		Like-Kind Exchanges			

Self-employed? Yes / No If yes, what type of business?

Check all of the following life changes that may apply for 2020:

Bought or Sold a Home		Retired		Had a Baby	
Married or Divorced		Borrowed from Retirement Acct.		Home office (self-employed)	
Bought or Sold a Business		Became Disabled		Energy Credit Qual. Purchase	
Sold Stock		Received an Inheritance		Unemployed	

Check any of the credit or deduction items that may apply for 2020:

Daycare expenses		Real Estate Taxes-Land/Home		Alimony Paid	
Medical Expenses		Unreimbursed Business Exp.		Estimated Taxes paid	
Education Expenses (1098-T)		State Taxes		Student loan Interest	
Home Mortgage Interest		Personal Property Tax-auto, boat		IRA contribution	
Disaster Loss		Charitable Contributions		Foreign Taxes Paid	

- How much Economic Income Payment (**stimulus check**) did you receive? First: \$ _____ Second: \$ _____
- Do you have IRS Notice 1444, *Your Economic Impact Payment?* (stimulus check) Yes / No
- Did you, any dependents, or anyone on your behalf purchase health insurance from the Marketplace? Yes / No
 - If yes, do you have your Form 1095-A? Yes / No
- Do you or your spouse owe the IRS or have Student Loan debt? Yes / No If yes, who is the Injured Spouse? _____

We prepare your return from the information you furnished us, without verification. Incorrect information will delay your refund. Keep all records in accordance with IRS requirements. Upon examination of the returns by taxing authorities, request may be made for underlying data.

I certify that all the information provided is true and accurate to the best of my knowledge.

Signature: _____ Date: _____

Spouse Signature: _____ Date: _____