

**Client Profile**  
**Primary Tax Filer's Information**

Name as Shown on your Social Security Card:

\_\_\_\_\_

Social Security #: \_\_\_\_\_

Occupation: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Did you have Health Insurance in 2018?

**Yes** \_\_\_\_\_ **No** \_\_\_\_\_ **Part Year** \_\_\_\_\_

Can anyone else claim you as a dependent?

**Yes** \_\_\_\_\_ **No** \_\_\_\_\_

**Spouse Information – If legally married**

Spouse's name as shown on their SS Card:

\_\_\_\_\_

Social Security #: \_\_\_\_\_

Occupation: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Did you have Health Insurance in 2018?

**Yes** \_\_\_\_\_ **No** \_\_\_\_\_ **Part Year** \_\_\_\_\_

Can anyone else claim you as a dependent?

**Yes** \_\_\_\_\_ **No** \_\_\_\_\_

What was your marital status on Dec 31<sup>st</sup> 2018?

**Single** \_\_\_\_\_ **Married** \_\_\_\_\_

**Divorced/Separated** \_\_\_\_\_ **Widowed** \_\_\_\_\_

*If legally married but you were separated*, did you live with your spouse during any part of the last 6 months of the year? **Yes** \_\_\_\_\_ **No** \_\_\_\_\_

**Current Mailing Address:**

\_\_\_\_\_

\_\_\_\_\_

If you are due a refund, would you like it directly deposited into your bank account? **Yes** \_\_\_ **No** \_\_\_

Bank Name: \_\_\_\_\_

Routing Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

Were you or any of the dependents College Students for the tax year? **Yes** \_\_\_ **No** \_\_\_

Did you receive a 1098T? **Yes** \_\_\_ **No** \_\_\_

Did you earn income outside of WA? **Yes** \_\_\_ **No** \_\_\_

Were you a resident of WA all year? **Yes** \_\_\_ **No** \_\_\_

If *NO*, please list dates of residency in WA and other state(s): \_\_\_\_\_

\_\_\_\_\_

Have you received any notices from the IRS or State Revenue office in 2018? **Yes** \_\_\_ **No** \_\_\_

Did you buy or sell a house? **Yes** \_\_\_ **No** \_\_\_

Did you receive any W2's? **Yes** \_\_\_ **No** \_\_\_

Did you receive SSI Benefits? **Yes** \_\_\_ **No** \_\_\_

Did you draw on an IRA / Pension? **Yes** \_\_\_ **No** \_\_\_

Did you cash out an IRA / 401K? **Yes** \_\_\_ **No** \_\_\_

Do you have a Health Savings Plan? **Yes** \_\_\_ **No** \_\_\_

Did you purchase health insurance through the Exchange / Health Plan Finder? **Yes** \_\_\_ **No** \_\_\_

Did you have any gambling winnings? **Yes** \_\_\_ **No** \_\_\_

Did you collect unemployment? **Yes** \_\_\_ **No** \_\_\_

Did you receive a State refund? **Yes** \_\_\_ **No** \_\_\_

Did you sell any stock? **Yes** \_\_\_ **No** \_\_\_

Were you self-employed? **Yes** \_\_\_ **No** \_\_\_

Did you pay / receive any Alimony? **Yes** \_\_\_ **No** \_\_\_

Did you contribute to an IRA/Roth? **Yes** \_\_\_ **No** \_\_\_

Did you pay on any student loans? **Yes** \_\_\_ **No** \_\_\_

Did you receive an ID Protection Pin? **Yes** \_\_\_ **No** \_\_\_

## Dependent Information Sheet.

If you alternate years with another parent of a child and it is **your year to claim** the child PLEASE add their name on the list provided.

If you are the **NON-Custodial Parent** – do you have a signed **8332 Form** that released the exemption(s) to you? **Yes**\_\_\_ **No**\_\_\_

*\*Examples of accepted documents to show eligibility to Claim the Dependent for EIC/CTC School Records, Medical Records, Birth Certificate Placement agency statement, Child care provider records, Landlord / property management statement*

**Name of Dependent:** \_\_\_\_\_

Social Security #: \_\_\_\_\_

Relationship: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Did this dependent have Health Insurance in 2018?

**Yes**\_\_\_ **No**\_\_\_ **Part Year**\_\_\_

**Number of Months Living With You:** \_\_\_\_\_

\*Can you provide proof that you are entitled to Claim this dependent this year? **Yes**\_\_\_ **No**\_\_\_

**Name of Dependent:** \_\_\_\_\_

Social Security #: \_\_\_\_\_

Relationship: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Did this dependent have Health Insurance in 2018?

**Yes**\_\_\_ **No**\_\_\_ **Part Year**\_\_\_

**Number of Months Living With You:** \_\_\_\_\_

\*Can you provide proof that you are entitled to Claim this dependent this year? **Yes**\_\_\_ **No**\_\_\_

**Name of Dependent:** \_\_\_\_\_

Social Security #: \_\_\_\_\_

Relationship: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Did this dependent have Health Insurance in 2018?

**Yes**\_\_\_ **No**\_\_\_ **Part Year**\_\_\_

**Number of Months Living With You:** \_\_\_\_\_

\*Can you provide proof that you are entitled to Claim this dependent this year? **Yes**\_\_\_ **No**\_\_\_

**Name of Dependent:** \_\_\_\_\_

Social Security #: \_\_\_\_\_

Relationship: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Did this dependent have Health Insurance in 2018?

**Yes**\_\_\_ **No**\_\_\_ **Part Year**\_\_\_

**Number of Months Living With You:** \_\_\_\_\_

\*Can you provide proof that you are entitled to Claim this dependent this year? **Yes**\_\_\_ **No**\_\_\_

Do any of the dependents have a disability? \_\_\_\_\_

Is it anticipated that another taxpayer may try to claim any of the dependents listed on their tax returns? \_\_\_\_\_

Did you have any daycare expenses?

**Yes**\_\_\_ **No**\_\_\_

Did your employer provide dependent care benefits? **Yes**\_\_\_ **No**\_\_\_

**Name of Daycare Provider**

Address: \_\_\_\_\_

EIN / SS# \_\_\_\_\_

Amount Paid: \$ \_\_\_\_\_