

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 2017?

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 2017?

Yes _____ No _____ Part Year _____

Can anyone else claim you as a dependent?

Yes _____ No _____

What was your marital status on Dec 31st 2017?

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 2017? Yes ___ No ___

Did you buy or sell a house? Yes ___ No ___

Did you receive any W2's? Yes ___ No ___

Did you receive SS 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 2017?

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 2017?

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 2017?

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 2017?

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: \$ _____