

RETURNING CLIENT

Taxpayer Name _____

Work Phone: _____

Cell Phone: _____

Current Mailing Address:

Did you have Health Insurance in 2017?

Yes _____ No _____ Part Year _____

Spouse Information – If applicable

Spouse Name _____

Cell Phone: _____

Did you have Health Insurance in 2017?

Yes _____ No _____ Part Year _____

What was your marital status as of Dec 31st 2017?

Single _____ Married _____

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 _____

Were you or any of the dependents College Students for the tax year? Yes _____ No _____

If Yes did you receive a 1098T? Yes _____ No _____

Have you received any notices from the IRS or State Revenue office in 2017? Yes _____ No _____

Did you purchase health insurance through the Exchange / Health Plan Finder? Yes _____ No _____

Did you buy or sell a home? Yes _____ No _____

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

Did you receive SS Benefits? Yes _____ No _____

Did you cash out an IRA/401K? Yes _____ No _____

Did you draw on an IRA / Pension? Yes _____ No _____

Did you have any gambling winnings? Yes _____ No _____

Did you collect unemployment? Yes _____ No _____

Did you sell any stock? Yes _____ No _____

Did you receive or pay Alimony? Yes _____ No _____

Did you contribute to an IRA/Roth? Yes _____ No _____

Did you pay on any student loans? Yes _____ No _____

Did you earn money out of state? Yes _____ No _____

Did you have a Health Savings Acct? Yes _____ No _____

Were you self-employed? Yes _____ No _____

Did you receive an ID Protection Pin? Yes _____ No _____

Did you pay for daycare / child care? Yes _____ No _____

Dependent Information

Name of Dependent: _____

Did you claim this dependent last year? Yes _____ No _____

Number of Months Living With You: _____

Name of Dependent: _____

Did you claim this dependent last year? Yes _____ No _____

Number of Months Living With You: _____

Name of Dependent: _____

Did you claim this dependent last year? Yes _____ No _____

Number of Months Living With You: _____

New Dependent Claiming This Year

Name of Dependent: _____

Social Security #: _____

Relationship: _____

Date of Birth: _____

Did all dependents have Health Insurance in 2017?

Yes _____ No _____ Part Year _____

*Can you provide proof that you are entitled to Claim these dependents this year? 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*