

**DROP OFF DATE:** \_\_\_\_\_

***For Returning Clients Only***

**Who prepares your taxes?**

**Mike** \_\_\_\_\_ **Angela** \_\_\_\_\_

**No Preference/either can prepare them** \_\_\_\_\_

**Taxpayer Name** \_\_\_\_\_

Best number to call: \_\_\_\_\_

Did you have Health Insurance in 2017?

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

**Spouse Information – If applicable**

**Spouse Name** \_\_\_\_\_

Best number to call: \_\_\_\_\_

Did you have Health Insurance in 2017?

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

What was your marital status as of Dec 31<sup>st</sup> 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 or Same as last year*** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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

Same as last year: \_\_\_\_\_

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

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

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

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

***Would you like to take your fees out of your Refund? Yes \_\_\_\_\_ No \_\_\_\_\_***

***\*\$45 Fee Applies***

**Dependent Information – If applicable**

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

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

Did you claim this dependent last year? **Yes** \_\_\_ **No** \_\_\_

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

Did you claim this dependent last year? **Yes** \_\_\_ **No** \_\_\_

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

Did you claim this dependent last year? **Yes** \_\_\_ **No** \_\_\_

**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:***

*School Records, Medical Records, Birth Certificate Placement agency statement, Child care provider records, Landlord / property management statement*

**Please Read, Sign and Date the back of this form**

***Thank You***