

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 2016?

Yes _____ **No** _____ **Part Year** _____

Spouse Information – If applicable

Spouse Name _____

Best number to call: _____

Did you have Health Insurance in 2016?

Yes _____ **No** _____ **Part Year** _____

What was your marital status as of Dec 31st 2016?

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 2016? **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 2016?

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