

DUE TO NEW Tax LAWS, FEES MAY INCREASE FOR PREPARING TAXES THIS YEAR.

Drop off Date: _____

New or Returning? (circle)

Name _____ Phone number _____

S.S.# _____ DOB _____

Drivers License # _____ Date Issued _____ Date Expires _____

State Issued _____

Home Address: _____

Email Address: _____

** Spouse Name _____ S.S. # _____ DOB _____

Drivers License # _____ Date Issued _____ Date Expired _____

2. Dependents (Children and Others) Please provide proof insurance						
NAME (First and Last)	RELATIONSHIP	DATE OF BIRTH	SOCIAL SECURITY NUMBER	MONTHS LIVED WITH YOU	DISABLED	FULL TIME STUDENT

Bank Routing Number _____ Account Number _____

Name of the bank: _____ Checking _____ or Savings _____

*****Did you receive the advanced Premium Tax Credit through
Healthcare.gov? If so, Form 1095-A must be provided to complete your tax
return. _____

Important notes, changes and additions:

Signature: _____

By signing this form I acknowledge that any and all information provided in order to prepare my tax returns is accurate and complete to the best of my knowledge. In case of an audit, I am able to provide appropriate receipts, ledgers, and documents to support the items being claimed on this year's returns and realize that it is my responsibility to do so.