

Please include a copy of your last year's return

**Basic Taxpayer Information**

	TAXPAYER	SPOUSE
Last Name .....	[Redacted]	[Redacted]
First Name .....	[Redacted]	[Redacted]
Middle Initial and Suffix .....	MI ..... [Redacted] Suffix ..... [Redacted]	MI ..... [Redacted] Suffix ..... [Redacted]
Optional first name salutation ...	[Redacted]	[Redacted]
Social Security Number .....	[Redacted]	[Redacted]
Occupation .....	[Redacted]	[Redacted]
Work Phone .....	[Redacted] Ext ... [Redacted]	[Redacted] Ext ... [Redacted]
Cell Phone .....	[Redacted]	[Redacted]
E-mail Address .....	[Redacted]	[Redacted]
Driver's license/Id issuing state .	[Redacted]	[Redacted]
License/Id number .....	[Redacted]	[Redacted]
License/Id issue date .....	[Redacted]	[Redacted]
License/Id expiration date .....	[Redacted]	[Redacted]
Birthdate	(mm/dd/yyyy) [Redacted]	(mm/dd/yyyy) [Redacted]
Blind .....	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Presidential Election Campaign Fund .....	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Eligible to be claimed as a dependent on another return .....	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

**US Address:**

Street Address ..... [Redacted] Apt Number ..... [Redacted]  
 City ..... [Redacted] State ..... [Redacted] ZIP Code ..... [Redacted]

**Foreign Address:** Check this box to use foreign address ...

Address ..... [Redacted] Apt no. ... [Redacted]  
 City ..... [Redacted]  
 Home Phone ..... [Redacted] Foreign Country ..... [Redacted]  
 Fax ..... [Redacted] Foreign Phone ..... [Redacted]

**FILING STATUS**

- 1** Single
- 2** Married filing jointly
- 3** Married filing separately
  - Check this box if your client **did not** live with spouse at any time during the year .....
  - Check this box if your client is eligible to claim spouse's exemption .....
  - Check this box if your client's spouse itemizes deductions .....
- 4** Head of household
  - If the qualifying person is a child but not a dependent,  
 Child's name ..... [Redacted] Child's social security number .... [Redacted]
- 5** Qualifying surviving spouse
  - Check the box for the year the spouse died .....  2020  2021



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First name Last name	MI Suff	Social Security Number Relationship	Date of birth			+ Lived with taxpayer in U.S.	Edu tuition and fees	2022 Child Care Expense
			** C o d e	* Not qual for child tax cr	*+ Not qual credit other dep			2021 Child Care Expense

\*\* For the Dependent Code, enter the following:

- L = dependent child who lived with your client
- N = dependent child who didn't live with your client due to divorce or separation
- O = other dependent
- Q = not a dependent (but is a person who qualifies your client for the earned income credit and/or the credit for child and dependent care expenses)

+ Enter the number of months lived with the taxpayer or spouse in the U.S.

\* Check this box if this is a child who is not a qualifying child for the child tax credit

\*+ Check this box if this is a dependent who is not a qualifying person for the credit for other dependents

**Child Care Information:** This information is required for each provider

Provider's Name: \_\_\_\_\_ Provider's SSN/EIN: \_\_\_\_\_

Provider's Address: \_\_\_\_\_ Amount paid to provider: \$ \_\_\_\_\_

Are you self-employed? Yes  No  If yes, please fill out the Profit & Loss for business form.

Are you saving for retirement? Yes  No  If yes where? IRA  401K  Savings  Other  \_\_\_\_\_

Do you have life insurance? Yes  How much? \$ \_\_\_\_\_, No  If no, how much do you need? \$ \_\_\_\_\_

Do you have an emergency fund? Yes  No  If yes, how much? \$ \_\_\_\_\_

Would you like your refund deposited into your bank account? Yes  No

Checking  Savings  Routing number: \_\_\_\_\_, Account number: \_\_\_\_\_

**I certify that I would like my taxes prepared in accordance with the information I supplied above**

Taxpayer's Signature: \_\_\_\_\_, Date: \_\_\_\_\_

Spouse's Signature: \_\_\_\_\_, Date: \_\_\_\_\_