

1 Personal Information

Full legal name _____ Date of birth _____

Social Security Number / ITIN _____ Occupation _____

Phone number _____ Email address _____

Current address _____

Marital status ☐ Single ☐ Married Filing Jointly ☐ Married Filing Separately ☐ Head of Household

☐ Qualifying Widow(er)

If married:

Spouse full name _____ Spouse SSN / ITIN _____

Spouse date of birth _____ Spouse occupation _____

2 Dependents

List all dependents you will claim.

Dependent 1

Full name _____ SSN / ITIN _____

Date of birth _____ Relationship _____

Months lived with you during the year _____

Did they provide over half of their own support? ☐ Yes ☐ No

Childcare expenses paid? ☐ Yes ☐ No

Dependent 2

Full name _____ SSN / ITIN _____

Date of birth _____ Relationship _____

Months lived with you during the year _____

Did they provide over half of their own support? ☐ Yes ☐ No

Childcare expenses paid? ☐ Yes ☐ No

Dependent 3

Full name _____ SSN / ITIN _____

Date of birth _____ Relationship _____

Months lived with you during the year _____

Did they provide over half of their own support? ☐ Yes ☐ No

Childcare expenses paid? ☐ Yes ☐ No

3 Filing History

Did you file a tax return last year? ☐ Yes ☐ No

If yes:

Filing status last year _____ Name of previous tax preparer _____

Any IRS notices received? ☐ Yes ☐ No

If yes, explain _____

4 Income Information

Check all that apply and provide documents.

Employment ☐ W-2 income

Self-employment / business ☐ 1099-NEC ☐ 1099-K ☐ Cash income

Business name _____ Business type _____

Business expenses? _____

Other income ☐ 1099-INT (Interest) ☐ 1099-DIV (Dividends) ☐ 1099-G (Unemployment) ☐ 1099-R (Retirement)

☐ Social Security benefits ☐ Rental income ☐ Investment sales (stocks/crypto) ☐ Alimony received

☐ Gambling winnings

Other income (specify) _____

5 Credits & Deductions

Education ☐ Student in college ☐ Form 1098-T received ☐ Student loan interest paid

Child related ☐ Childcare expenses

Daycare provider name _____ Provider EIN/SSN _____

Home ownership ☐ Own a home ☐ Mortgage interest (1098) ☐ Property taxes paid

Any major medical expenses? _____

Cash donations? _____ Non-cash donations? _____

6 Health Insurance

Did you have health insurance all year? ☐ Yes ☐ No

Marketplace insurance (1095-A)? ☐ Yes ☐ No

Employer insurance? ☐ Yes ☐ No

7 Banking Information (for Refund)

Bank name _____ Routing number _____

Account number _____

Account type ☐ Checking ☐ Savings

8 Additional Situations

During the tax year did you: ☐ Buy or sell a home ☐ Start or close a business ☐ Receive inheritance

☐ Receive foreign income ☐ Have cryptocurrency transactions ☐ Pay estimated taxes

☐ Receive stimulus payments ☐ Adopt a child ☐ Have debt canceled

Explain if yes _____

Please don't send Social Security or bank numbers by regular email. Questions? Call 1-833-927-4829.