

DO YOU HAVE OBAMACARE/MARKETPLACE? Yes or No

Referred by: _____

Primary Taxpayer

First Name: _____ Last name: _____ Job: _____
 Birthday: ___ / ___ / _____ Social Security number: ___ / ___ / _____
 Street Address: _____ City: _____ ST: _____ Zip: _____
 Phone number: (____) _____ - _____ Email: _____ @ _____ .com
 DL: _____ State Issued: _____ Issued: _____ Expires: _____
 Bank Name: _____ Routing: _____ Account: _____

Secondary Taxpayer

First Name: _____ Last name: _____ Job: _____
 Birthday: ___ / ___ / _____ Social Security number: ___ / ___ / _____
 DL: _____ State Issued: _____ Issued: _____ Expires: _____

About Dependents: By furnishing this information you are swearing that you have the right to claim this person, they lived with you more than 50% of the time and you provided more than 50% of their support and no other adult lived with you that contributed more towards their support. Also if there is a non custodial parent, they have agreed to allow you to claim them or there is an existing court order that gives you the right to claim them this tax year and that you have not been denied the right to claim them in previous years. No one else has the right to claim this dependent.

Dependents

First Name: _____ Last name: _____ Relationship: _____
 Birthday: ___ / ___ / _____ Social Security #: ___ / ___ / _____ College/Daycare: Yes/No

First Name: _____ Last name: _____ Relationship: _____
 Birthday: ___ / ___ / _____ Social Security #: ___ / ___ / _____ College/Daycare: Yes/No

First Name: _____ Last name: _____ Relationship: _____
 Birthday: ___ / ___ / _____ Social Security #: ___ / ___ / _____ College/Daycare: Yes/No

First Name: _____ Last name: _____ Relationship: _____
 Birthday: ___ / ___ / _____ Social Security #: ___ / ___ / _____ College/Daycare: Yes/No

All the Information used in the preparation of this tax return was solely provided by the taxpayer during an interview

By signing the form below, the taxpayer attests to its accuracy. The preparer warrants proper filling of this return based upon the information taxpayer(s) provided. Taxpayer(s) swears they have the right to claim dependents listed and have answered specific questions during the interview to determine their right to claim dependents deductions

The taxpayer(s) have presented identification and will cooperate with preparer if additional copies of documents are needed.

Signatures: _____
 Primary Taxpayer _____ Date _____ Secondary Taxpayer _____ Date _____

Pending info: _____ FOR INTERNAL USE ONLY

Prepared: _____ Submitted: _____ Accepted: _____ Via: _____
 Filing Status: _____ Exemptions: _____ Adjusted Gross Income: _____ Refund: _____
 Receipt#: _____ Amount: _____ Tender: _____ Referred by: _____