

**Taxpayer Information**

Full Name: \_\_\_\_\_  
Last First M.I.  
 Social Security # \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Occupation: \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
 Market Place Health Insurance:  Yes  No Disabled:  Yes Blind:  Yes Date of Death: \_\_\_\_\_

**Spouse Information**

Full Name: \_\_\_\_\_  
Last First M.I.  
 Social Security # \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Occupation: \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
 Market Place Health Insurance:  Yes  No Disabled:  Yes Blind:  Yes Date of Death: \_\_\_\_\_

**General Information**

Address: \_\_\_\_\_  
Street Address Apartment/Unit #  
 \_\_\_\_\_  
City State ZIP Code  
 Home Phone: \_\_\_\_\_ Amt. of stimulus received: \_\_\_\_\_  
 Filing Status:  Single  Married  Separated  Head of Household  Widowed in last 2 years  
 Check all of the following that pertain to you:  Own Home  Rent home or apartment  Virtual Currency  
 Self Employed  Rental Income  Interest or Dividend  Social Security Benefits  Unemployment  Pension

**Children/Dependent Information**

Full Name:	SSN:	Relationship:	Birth Date:	Child Care	Tuition	Months in Home

**Child Care Providers Information**

Name:	Address:	ID#	Amount Paid

**Refund / Balance Due Preferences**

Refund Preference:  Direct Deposit  Check by Mail  Refund Transfer  
 Balance Due Preference:  Mail Voucher  Direct Debit  
 If you selected Direct Deposit or Direct Debit, please fill out the bank information below:  
 Name of Bank: \_\_\_\_\_ Account Type:  Checking or  Savings  
 Routing Number: \_\_\_\_\_ Account Number: \_\_\_\_\_

**Please Sign**

\_\_\_\_\_  
 Taxpayer Signature Date Spouse Signature Date