



Date: \_\_\_\_\_

**Personal Data**

Husband (or single)	Wife
Name _____	Name _____
Occupation _____	Occupation _____
SS# _____ Birthdate _____	SS# _____ Birthdate _____
E-Mail _____	E-Mail _____

Street Address \_\_\_\_\_ Apt. \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_

Did we prepare last year's return? \_\_\_\_\_ Do you need a school district return? \_\_\_\_\_ Do you need a city return? **YES or NO**

Have you moved in the last 12 months? ( if yes, then explain below) **YES or NO**

Indicate how you would like to get your refund (circle one) Mailed Check (EM) Direct Deposit (DD) Refund Advantage Quick Check (RT)  
Checking or Savings

Bank name \_\_\_\_\_ Routing \_\_\_\_\_ Account \_\_\_\_\_

Driver's License or State ID Number \_\_\_\_\_ State \_\_\_\_\_ Issued \_\_\_\_\_ Expires \_\_\_\_\_

Driver's License or State ID Number \_\_\_\_\_ State \_\_\_\_\_ Issued \_\_\_\_\_ Expires \_\_\_\_\_

Did you purchase health insurance on the Marketplace or Exchange? **YES or NO** If yes, you must provide a form 1095-A

Do you qualify to receive a Recovery Rebate Credit on your 2020 tax return for any of the following reasons:

Did not receive an Economic Impact Payment (stimulus) for 2020.

Received an Economic Impact Payment but qualifies for a larger amount.

Amount of charitable contributions made up to \$300.00 \$ \_\_\_\_\_

**Filing Status**

Single [ ] Married [ ] Married Filing Separately [ ] Head of Household (need a qualifying person) [ ]

**Dependents**

Name	D.O.B	Months Home	Relationship To You	Someone Else Claim	Provide Over 1/2 Support	Social Security Number	Full-Time Student
					Y / N		
					Y / N		
					Y / N		
					Y / N		
					Y / N		

Notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_