

REQUIRED FORM

Please electronically fill in fields, then print and bring to your appointment

Personal Information

Tax Year _____

Name (Husband or Single Filer) S. S. Number Date of Birth Work Phone (His)

Email Address Occupation Cell Phone (His)

Name (Wife) S. S. Number Date of Birth Work Phone (Her)

Email Address Occupation Cell Phone (Her)

Address Home Phone

City State ZIP

Is it possible that another taxpayer could claim any dependent? YES

Dependents

Dependent Name Relationship S. S. Number Date of Birth

Dependent Name Relationship S. S. Number Date of Birth

Dependent Name Relationship S. S. Number Date of Birth

Dependent Name Relationship S. S. Number Date of Birth

At any time during 2018: child or dependent...

lived in your home? (# of months) was disabled? had childcare expense? had a job? had other income? had college expense?

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INCOME - Bring Detailed Information

Salary, Wages, Pension, Annuity, IRA Withdrawals

(Attach or bring all W-2's and 1099's)

Small Business and/or Rental Income

(Please complete applicable worksheet)

Capital Gains or Losses

Other Income

(Jury Duty, Settlements, Etc.)

Description

Amount

\$ _____

\$ _____

\$ _____

REMARKS:

