

# 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

NO

**At any time during 2023: 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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## Dependents

\_\_\_\_\_  
Dependent Name

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
S. S. Number

\_\_\_\_\_  
Date of Birth

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\_\_\_\_\_  
Dependent Name

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
S. S. Number

\_\_\_\_\_  
Date of Birth

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\_\_\_\_\_  
Dependent Name

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
S. S. Number

\_\_\_\_\_  
Date of Birth

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\_\_\_\_\_  
Dependent Name

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
S. S. Number

\_\_\_\_\_  
Date of Birth

## 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

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

### Interest and Dividends

### Interest and Dividends

(Attach or bring all 1099's - Very Important)

### Alimony Received:

\$ \_\_\_\_\_

## REMARKS:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_