

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 2024: 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

--	--	--	--	--	--

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

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

Alimony Received:

\$ _____

REMARKS:
