

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 At any time during 2025: child or dependent...

Dependents NO

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

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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)

Interest and Dividends

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

Alimony Received:

\$ _____

Capital Gains or Losses

Other Income

(Jury Duty, Settlements, Etc.)

Description

Amount

\$ _____

\$ _____

\$ _____

REMARKS: