

TAXPAYER QUESTIONNAIRE

TAXPAYER INFORMATION	☐ check if prim	ary contact	SPOUSE IN	IFORMATION	☐ che	ck if primary	contact	
IAME (First, Initial, Last Name)			NAME (First, Initial, Last Name)					
SSN Date of Birth			SSN Date of Birth					
Mailing Address		Apt#	City		State	Zip		
Occupation	Π	Disabled	Occupation			Dis	sabled	
Cell Phone	Phone Alternative Phone			ll Phone Alternative Phone				
Email Address			Email Address					
			Best time to contact?					
How would you like to be contacted? ☐ Email ☐ Phone ☐ Text			Bost time to contact:					
Filing Status - Check the fi	ling status that app	lies to you	ı:					
Single	If: You were NOT mar	ried on or be	fore December 31 ^s	^t and if applicabl	e your dependei	nts		
	lived with you less	than 6 month	ns during the year					
Married Filing Joint	If: You were married a	as of Decemb	per 31 st , or your spo	ouse died during	the year			
Married Filing Separate	If: You were married	on or before	December 31 st and	your spouse is f	iling a tax return	using		
	this filing status an	d you lived a	part for the last 6 n	nonths of the yea	r			
Head of Household	If: You were NOT ma					than 6		
	months of the yea		,		,			
Qualified Widow(er)	If: Your spouse died		2022 or 2023, and	your child lived v	vith you for the e	entire		
. ,	year	S	,	•	•			
	DEPENDENT	INFORMATI	ON					
First Name, Initial, Last Name		Relationsh		Data of Diath	Child Care			
	Dependent's SSI	ixciationsi	ip # of months	Date of Birth	Ciliu Carc	Disabled	College	
	Dependent \$ 551	Kelationsi	ip # of months in home	Date of Birth	Expenses	Disabled	College Student	
	Dependent \$ 551	Kelationsi		Date of Birth		Disabled		
	Dependent's 5514	Relationsi		Date of Birth		Disabled		
	Dependent's SSN	Relationsi		Date of Birth		Disabled		
Did ANYONE in your house If yes, please provide FOI	ehold have HEALTH INSU	JRANCE thro	in home		Expenses		Student	
Did ANYONE in your house	ehold have HEALTH INSURM 1095-A as this is nee	JRANCE thro	in home	e?	Expenses	□YES	Student S □NO	
Did ANYONE in your house If yes, please provide FOI	ehold have HEALTH INSL RM 1095-A as this is need	JRANCE through the community of the comm	in home ugh the Marketplace plete your return. ne IRS letter mailed	e?to you with this	Expenses		Student S □NO S □NO	
Did ANYONE in your house If yes, please provide FOI Do you have an Identity Pro	ehold have HEALTH INSURM 1095-A as this is new otection PIN? If yes, plea	JRANCE thro eded to com use provide th	in home ugh the Marketplace plete your return. ne IRS letter mailed	to you with this	Expenses		Student S	
1. Did ANYONE in your house If yes, please provide FOI 2. Do you have an Identity Pro 3. Were you or your spouse A	ehold have HEALTH INSURM 1095-A as this is need betection PIN? If yes, please CTIVE Military?	JRANCE through the decision of	in home ugh the Marketplace plete your return. ne IRS letter mailed	e?to you with this	Expenses information		Student S	
 Did ANYONE in your house If yes, please provide FOI Do you have an Identity Program of Your Spouse A Did you have any Foreign F 	ehold have HEALTH INSURM 1095-A as this is need betection PIN? If yes, please CTIVE Military?	JRANCE through the decision of	in home ugh the Marketplace plete your return. ne IRS letter mailed	e?to you with this	Expenses information		Student S	
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 Did ANYONE in your house If yes, please provide FOI Do you have an Identity Promote in your spouse At Did you have any Foreign Forei	chold have HEALTH INSURM 1095-A as this is need otection PIN? If yes, please CTIVE Military?	JRANCE through the search of t	in home ugh the Marketplace plete your return. ne IRS letter mailed	to you with this	Expenses information		Student S	
1. Did ANYONE in your house If yes, please provide FOI 2. Do you have an Identity Pro 3. Were you or your spouse A 4. Did you have any Foreign F 5. Did you have any digital as REFUND INFORMATION	ehold have HEALTH INSURM 1095-A as this is need otection PIN? If yes, please CTIVE Military?	DRANCE through the search of t	in home ugh the Marketplace plete your return. ne IRS letter mailed	to you with this	Expenses information		Student S	