

TAXPAYER INFORMATION <input type="checkbox"/> check if primary contact		SPOUSE INFORMATION <input type="checkbox"/> check if primary contact		
NAME (First, Initial, Last Name)		NAME (First, Initial, Last Name)		
SSN	Date of Birth	SSN	Date of Birth	
Mailing Address		Apt #	City	State Zip
Occupation		Occupation		
Disabled		Disabled		
Cell Phone	Alternative Phone	Cell Phone	Alternative Phone	
Email Address		Email Address		
How would you like to be contacted? <input type="checkbox"/> Email <input type="checkbox"/> Phone <input type="checkbox"/> Text		Best time to contact?		

Filing Status - Check the filing status that applies to you:

Single	If: You were NOT married on or before December 31 st and if applicable your dependents lived with you less than 6 months during the year
Married Filing Joint	If: You were married as of December 31 st , or your spouse died during the year
Married Filing Separate	If: You were married on or before December 31 st and your spouse is filing a tax return using this filing status and you lived apart for the last 6 months of the year
Head of Household	If: You were NOT married as of December 31 st and your child lived with you for more than 6 months of the year
Qualified Widow(er)	If: Your spouse died during either 2022 or 2023, and your child lived with you for the entire year

DEPENDENT INFORMATION

First Name, Initial, Last Name	Dependent's SSN	Relationship	# of months in home	Date of Birth	Child Care Expenses	Disabled	College Student

1. Did ANYONE in your household have HEALTH INSURANCE through the Marketplace?..... YES NO
If yes, please provide FORM 1095-A as this is needed to complete your return.
2. Do you have an Identity Protection PIN? If yes, please provide the IRS letter mailed to you with this information..... YES NO
3. Were you or your spouse ACTIVE Military?..... YES NO
4. Did you have any Foreign Financial Accounts?..... YES NO
5. Did you have any digital assets or NFT(Crypto Currency)?..... YES NO

REFUND INFORMATION

How would you like to receive your refund? Direct Deposit Standard Mail (Check)

Bank Information: Bank Name: _____ Checking Savings

Routing # _____ Account # _____