

Required Information:

Name _____ Birth Date _____ SS# _____ - _____ - _____
 Spouse _____ Birth Date _____ SS# _____ - _____ - _____
 Your Occupation _____ Spouses Occupation _____
 Address _____ Phone Numbers:
 _____ Home _____
 _____ Office _____
 County _____ Cell _____
 School District _____ Time to Call: Morning/Afternoon/Evening

Dependents:

To be your dependent, a child must be under the age of 19 or in school full time up through the age of 23. You can claim them as a dependent at any age if they live with you and they are totally disabled or earn less than \$3700.00 a year and you provide more than half of their support.

If you have an older child living with you who had income over the limit and you paid over half of their support you may be able to claim head of household which will give you a better rate, If so... Name _____ SS# _____ - _____ - _____ DOB ____/____/____

Did any of your dependent children have unearned income such as interest or dividends over the amount of \$750.00? If so, you will need to file a tax return for them.

| Name | Birth Date | SS# | Relationship | Month's lived with you this year |
|-------|------------|-------|--------------|----------------------------------|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

If you need more space please write on back of sheet.

Income:

| Place Worked | Amount Earned | Payer | Amount |
|--------------|---------------|-------|--------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

If you attach legible copies of all w-2, 1099 and any other income statements that you receive you do not have to fill this section in.

Did you send any estimated tax payments to the Federal, State, or Local Governments for this tax year?

Yes ___ No ___ if you did, how much and what date? \$ _____ Date ____/____/____

Electronic Filing Information:

If you have a refund and we are electronically filing your return, please sign below

Taxpayer: **X** _____ Spouse: **X** _____

If you would like to have your tax refund electronically deposited in your bank account, please fill in the numbers from your account below.

Routing transfer# _____ Account# _____

Any other information you think we may need to know write below

