

	FIRST & LAST NAME	SSN	DATE OF BIRTH	PHONE NUMBER	EMAIL ADDRESS
TAXPAYER					
SPOUSE					
STREET ADDRESS, CITY, STATE, & ZIP:				ADDITIONAL CONTACT NUMBER:	DOES THE TAXPAYER OR SPOUSE WANT \$3 TO GO TO THE PRESIDENTIAL ELECTION FUND? NO YES, IF NOT BOTH TAXPAYER & SPOUSE WHO WOULD LIKE THE CONTRIBUTION TO BE MADE? _____
DID YOU LIVE IN THE SAME COUNTY AS ABOVE ALL OF 2017? YES NO					
MARITAL STATUS AS OF DECEMBER 31 SINGLE MARRIED MARRIED FILING SEPARATE LIVED WITH SPOUSE ANY MARRIED FILING SEPARATE LIVED SEPARATE ALL YEAR WIDOW(ER) DATE OF SPOUSE'S DEATH: _____		THE TAXPAYER, SPOUSE, AND DEPENDENTS LISTED HAD HEALTH INSURANCE COVERAGE FOR ALL OF 2017 THAT IS CONSIDERED MINIMAL ESSENTIAL COVERAGE? YES NO UNSURE		DO YOU OWN; OR ARE YOU BUYING OR RENTING YOUR HOME? OWN BUYING RENTING NONE OF THE ABOVE	

DEPENDENTS TO BE CLAIMED (PLEASE NOTE ANY CHANGES TO CUSTODIAL STATUS OF EACH CHILD):

FIRST & LAST NAME	SSN UNLESS FILED HERE AND CLAIMED PREVIOUSLY	LEGAL RELATIONSHIP	# OF MONTHS IN HOME	DATE OF BIRTH	IF OVER 18, INDICATE IF FULL TIME STUDENT OR DISABLE	ALL SCHOOL, MEDICAL, & SOCIAL SERVICE RECORDS SHOW THEM LIVING WITH YOU FOR THE MONTHS INDICATED PREVIOUSLY?
						YES NO UNKNOWN
						YES NO UNKNOWN
						YES NO UNKNOWN
						YES NO UNKNOWN
						YES NO UNKNOWN
						YES NO UNKNOWN
						YES NO UNKNOWN

IF ADDITIONAL SPACE IS NEEDED PLEASE ASK FOR AN ADDITIONAL PAGE.

If you are a returning client, we can complete your return without you needing to physically return. We will call you when done with the information we have obtained today, ask any additional questions necessary, take payment by phone, and email a portal link to you (so that you can access your return and signature pages). Upon us receiving an upload of your signed signature pages we can then file with the appropriate government agencies. Be aware you will be setting up a password for the portal that we will not have access to. It's up to you to keep that password confidential. If you lost your password, you will need to use the portal Password reset function. Please sign next to the indication below:

Yes, please complete my return and email me a portal link. Signed _____ Date _____

No, please complete my return and call me to come in. Signed _____ Date _____