

## RETURNING CLIENT

Taxpayer Name \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Mailing Address or Same as Last Year** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### **Spouse Information – If applicable**

Spouse Name \_\_\_\_\_

Cell Phone: \_\_\_\_\_

What was your marital status as of Dec 31<sup>st</sup>?

**Single** \_\_\_\_\_ **Married** \_\_\_\_\_

*If legally married but you were separated*, did you live with your spouse during any part of the last 6 months of the year? **Yes** \_\_\_\_\_ **No** \_\_\_\_\_

If you are due a refund, would you like it directly deposited into your bank account? **Yes** \_\_\_\_\_ **No** \_\_\_\_\_

Same as last year: \_\_\_\_\_

Bank Name: \_\_\_\_\_

Routing Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

Did you receive any adv. Child tax credit? **Yes** \_\_\_\_\_ **No** \_\_\_\_\_

Did you receive the \$1400 Stimulus? **Yes** \_\_\_\_\_ **No** \_\_\_\_\_

Did you purchase health insurance through the Exchange / Health Plan Finder? **Yes** \_\_\_\_\_ **No** \_\_\_\_\_

Did you buy or sell a home? **Yes** \_\_\_\_\_ **No** \_\_\_\_\_

Did you receive any rental income? **Yes** \_\_\_\_\_ **No** \_\_\_\_\_

Did you receive any W2's? **Yes** \_\_\_\_\_ **No** \_\_\_\_\_

Did you receive Social Security? **Yes** \_\_\_\_\_ **No** \_\_\_\_\_

Did you cash out an IRA/401K? **Yes** \_\_\_\_\_ **No** \_\_\_\_\_

Did you draw on an IRA / Pension? **Yes** \_\_\_\_\_ **No** \_\_\_\_\_

Did you have any gambling winnings? **Yes** \_\_\_\_\_ **No** \_\_\_\_\_

Did you collect unemployment? **Yes** \_\_\_\_\_ **No** \_\_\_\_\_

Did you sell any stock? **Yes** \_\_\_\_\_ **No** \_\_\_\_\_

Did you receive or pay Alimony? **Yes** \_\_\_\_\_ **No** \_\_\_\_\_

Did you contribute to an IRA/Roth? **Yes** \_\_\_\_\_ **No** \_\_\_\_\_

Did you pay on any student loans? **Yes** \_\_\_\_\_ **No** \_\_\_\_\_

Did you earn money out of state? **Yes** \_\_\_\_\_ **No** \_\_\_\_\_

Did you have a Health Savings Acct? **Yes** \_\_\_\_\_ **No** \_\_\_\_\_

Were you self-employed? **Yes** \_\_\_\_\_ **No** \_\_\_\_\_

Did you receive an ID Protection Pin? **Yes** \_\_\_\_\_ **No** \_\_\_\_\_

Did you pay for daycare / child care? **Yes** \_\_\_\_\_ **No** \_\_\_\_\_

Did you receive the 1<sup>st</sup> time home buyers credit of \$7500 with a \$500 Repayment plan? **Yes** \_\_\_\_\_ **No** \_\_\_\_\_

### **Dependent Information**

**Name of Dependent:** \_\_\_\_\_

Did you claim this dependent last year? **Yes** \_\_\_\_\_ **No** \_\_\_\_\_

Number of Months Living With You: \_\_\_\_\_

**Name of Dependent:** \_\_\_\_\_

Did you claim this dependent last year? **Yes** \_\_\_\_\_ **No** \_\_\_\_\_

Number of Months Living With You: \_\_\_\_\_

**Name of Dependent:** \_\_\_\_\_

Did you claim this dependent last year? **Yes** \_\_\_\_\_ **No** \_\_\_\_\_

Number of Months Living With You: \_\_\_\_\_

### **New Dependent Claiming This Year**

Name of Dependent: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Relationship: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

\*Can you provide proof that you are entitled to Claim these dependents this year? **Yes** \_\_\_\_\_ **No** \_\_\_\_\_

*\*Examples of accepted documents to show eligibility to Claim the Dependent for EIC / CTC*

*School Records, Medical Records, Birth Certificate*

*Placement agency statement, Child care provider records, Landlord / property management statement*