Taxpayer Information Worksheet

REFERRED BY: _____

Taxpayer:	**Spouse:**
Last Name……..____	Last Name……..____
First Name…….____	First Name…….____
Middle Initial……____	Middle Initial……____
Social Security #...____	Social Security #...____
Occupation ……..____	Occupation ……..____
Date of Birth…….____ (mm/dd/yyyy)	Date of Birth…….____ (mm/dd/yyyy)
Email Address….____	Email Address….____
HOME# :____MOBILE #:____	MOBILE# :____WORK# :____
WORK# :____	
Driver's License#____ State:____	Driver's License#____ State:____
FULL Issue Date:____ FULL Exp. Date:____	FULL Issue Date:____ FULL Exp. Date:____

Address……____ Apt# …..____

City…….....____ State …….____ Zip Code …….____

FEDERAL FILING STATUS

- ☐ Single
- ☐ Married filing jointly
- ☐ Married filing separately
  - ☐ Taxpayer **did not** live with spouse at any time during the year
- ☐ Head of household – *If the qualifying person is a child but not a dependent*

  Childs Name …..____ Childs Social Security #.....____
- ☐ Qualifying Widow(er) ……. Year Spouse Died …….____

DEPENDENT INFORMATION

Dependent #1	**Dependent #2**	**Dependent #3**
First Name…..____	First Name…..____	First Name…..____
Last Name…..____	Last Name…..____	Last Name…..____
MI …..____	MI …..____	MI …..____
Social Security #…..____	Social Security #…..____	Social Security #…..____
Relationship …..____	Relationship …..____	Relationship …..____
Date of Birth …..____	Date of Birth …..____	Date of Birth …..____
Qualified child Care Expenses $ ____	Qualified child Care Expenses $ ____	Qualified child Care Expenses $ ____
Dependent #4	**Dependent #5**	**Dependent #6**
First Name…..____	First Name…..____	First Name…..____
Last Name…..____	Last Name…..____	Last Name…..____
MI …..____	MI …..____	MI …..____
Social Security #…..____	Social Security #…..____	Social Security #…..____
Relationship …..____	Relationship …..____	Relationship …..____
Date of Birth …..____	Date of Birth …..____	Date of Birth …..____
Qualified child Care Expenses $ ____	Qualified child Care Expenses $ ____	Qualified child Care Expenses $ ____

DIRECT DEPOSIT OF REFUND ☐ Direct Deposit?

❑Checking ❑ Savings

Bank Name …____ Routing # … ____ Account # … ____