

First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_ SS#: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ DOB: \_\_\_\_\_  
 Spouse Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_ SS#: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ DOB: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 County: \_\_\_\_\_ School District: \_\_\_\_\_ Name/Phone for A Relative: \_\_\_\_\_  
 How did year hear about us? \_\_\_\_\_

**Dependent Information (Do Not List yourself or spouse)**

Name (as listed on SS Card): \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_ SS# \_\_\_\_\_  
 Relationship: \_\_\_\_\_ Months lived in home: \_\_\_\_\_ Day Care: Y or N  
 Name (as listed on SS Card): \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_ SS# \_\_\_\_\_  
 Relationship: \_\_\_\_\_ Months lived in home: \_\_\_\_\_ Day Care: Y or N  
 Name (as listed on SS Card): \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_ SS# \_\_\_\_\_  
 Relationship: \_\_\_\_\_ Months lived in home: \_\_\_\_\_ Day Care: Y or N  
 Name (as listed on SS Card): \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_ SS# \_\_\_\_\_  
 Relationship: \_\_\_\_\_ Months lived in home: \_\_\_\_\_ Day Care: Y or N

**Additional Information Needed To Complete Your Return**

<b>Did you have health insurance coverage in 2017?</b>	<b>Yes</b>	<b>No</b>
<b>If you answered yes, who was your insurance provider:</b> _____		
<b>Did you obtain health insurance through the Marketplace (also known as Obamacare)?</b>	<b>Yes</b>	<b>No</b>
Were you legally married at the end of 2017?	Yes	No
If yes, did you live with your spouse after 7/1/17?	Yes	No
Are there any other relatives (not spouse or children) living with you?	Yes	No
Does anyone in your home earn more than you?	Yes	No
Can you be claimed on someone else's return?	Yes	No
Can anyone else claim your children as dependents?	Yes	No
Are any dependent's last names different from the parents?	Yes	No
Are there any changes in your dependents this year?	Yes	No
Are there any qualifying children that are not your son or daughter?	Yes	No
Was the taxpayers main home the same as the qualifying child?	Yes	No
Have you ever been rejected from the Earned Income Credit program?	Yes	No
Do you own your own business or receive any income from self-employment income?	Yes	No
Did you have any stocks, rental or K-1 (investment) income?	Yes	No
Do you maintain a farm or receive royalties of any kind?	Yes	No
Do you have work related expenses that pertain to your W-2 income?	Yes	No

*By signing this form, you are stating that all of the information you have provided is accurate and true to the best of your knowledge.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Spouse Signature: \_\_\_\_\_ Date: \_\_\_\_\_