

Customer Information Worksheet

Taxpayer Information

Full Name: _____ DOD: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email: _____

Driver's License: _____ SSN: _____ DOB: _____

IP PIN: _____ Occupation: _____ Disabled or blind? _____

Were you married as of December 31st? YES NO Has the spouse died in the last 3 years? YES NO

Did you provide more than half the cost of keeping up the home? YES NO

Would you like your refund Direct Deposited? YES NO Type of Account (Circle One): Checking Savings

Routing No: _____

Account No: _____

Spouse Information

Full Name: _____ DOD: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email: _____

Driver's License: _____ SSN: _____ DOB: _____

IP PIN: _____ Occupation: _____ Disabled or blind? _____

Customer Information Worksheet

Dependent Information

Please list all dependents:

Full Name: _____	DOB: _____
SSN: _____	Months In Home: _____
Relationship: _____	IP Pin: _____
Full Name: _____	DOB: _____
SSN: _____	Months In Home: _____
Relationship: _____	IP Pin: _____
Full Name: _____	DOB: _____
SSN: _____	Months In Home: _____
Relationship: _____	IP Pin: _____

Taxpayer Questionnaire

For purposes of this questionnaire "you" refers to taxpayer and the spouse.

Taxpayer/Spouse Information		
Yes	No	Can anyone claim you as a dependent?
Yes	No	Did you live in the US for over half of the year?
Yes	No	Do you have an ITIN or need to apply for an ITIN?
Yes	No	Did you pay student loan interest?
Yes	No	Did you pay college tuition for yourself, a spouse, or a dependent?
Yes	No	Are you a member of the military?
Yes	No	Did you pay for child dependent care so you could work or go to school?
Yes	No	Are you a member of a federally recognized tribe?
Yes	No	Were you or your spouse a full-time student?
Health Insurance Information		
Yes	No	Did you have full coverage health insurance during the tax year?
		Please list your type of coverage (government insurance, employer provided coverage, private insurance)
Yes	No	Did you purchase Marketplace Insurance (1095-A) for anyone in your household?
Self	Family	If you had an HSA was it a self only or a family plan?
Investment Information		
Yes	No	Have you withdrawn from retirement in the 3 years prior to this tax year?
Yes	No	Did you withdraw from retirement due to Covid in 2020 and elect to spread the taxable amount over 3 years?
Yes	No	Did you sell or transfer any stock?
Yes	No	Did you sell or transfer any Virtual Currency during the tax year?
Income Information		
Yes	No	Did you pay or receive alimony during the tax year for a marriage that ended prior to 2018?
Yes	No	Did you receive self-employment income during the tax year?
Yes	No	Did you receive rental income during the tax year?
Yes	No	Did you receive farm income during the tax year?
State Information		
Yes	No	Did you receive TANF or any kind of state aid during the tax year?
Yes	No	Did you pay rent or property taxes during the tax year?
Yes	No	Are there any state specific credits you typically claim? Please list:
Yes	No	Did you live or work in multiple states during the tax year?
Home Information		
Yes	No	Do you own a home?
Yes	No	Did you sell your main home during the tax year?
Yes	No	Did you claim the first-time homebuyer credit in 2008 or 2009?

Customer Information Worksheet

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

Taxpayer

Signature: _____

Date: _____

Spouse

Signature: _____

Date: _____

Additional Customer Information: