

Time Saving Tip: You may write "same" for any information (except for your name(s)) that is exactly the same as what you provided me last year, such as social security numbers and bank information.

General Information

TAXPAYER

Last Name:
 First Name:
 Middle Initial:
 Social Security #:
 Date of Birth:
 Current Employer:
 Occupation in 2016:
 Referred By: (new clients)

SPOUSE

Complete the applicable spouse fields if married as of Dec. 31, 2016

Last Name:
 First Name:
 Middle Initial:
 SSN or ITIN:
 Date of Birth:
 Current Employer:
 Occupation in 2016:

Contact Information

I will primarily contact you by email.

Email next to primary email address

Email Work:
 Email Personal:
 Email Other:

Telephone:

Work
 Mobile
 Home

Current Address: (street, city, state, zip) From (mm/dd/yy) To (mm/dd/yy) Present

Mailing Address for IRS correspondence, if different (i.e., PO Box, work address, etc.).

Dependents

(Do not list spouse)

First Name, Initial, Last Name	SSN or ITIN	Date of Birth (mm/dd/yy)	Relationship to You	Child Care Expenses While You Are At Work* (incurred & paid in 2016)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Dependent Child Care Expenses Incurred while you [and spouse] were working or looking for work

Care Provider's Name	Care Provider's Address	SSN or EIN	Amount Paid
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

If you have a dependent child for whom you paid **college/university tuition**, please refer to the [education worksheet](#)

Refund Selection Method & Electronic Funds Withdrawal

Direct Deposit **Check** **E1-Visa Card (No Fee for first 2 months)**

Driver License# Expiration / / State
 PassPort # Expiration / / State
 Name of US Bank (must be a U.S. bank)

Checking Savings

Routing Number (9-digit number on the bottom left of a check)
 Account Number

Other Deductions

Deductions

	TAXPAYER	SPOUSE	
Medical & Dental Expenses	\$ <input style="width: 80%;" type="text"/>	\$ <input style="width: 80%;" type="text"/>	
Margin Interest	\$ <input style="width: 80%;" type="text"/>	\$ <input style="width: 80%;" type="text"/>	\$ <input style="width: 80%;" type="text"/>
Personal Property Taxes	\$ <input style="width: 80%;" type="text"/>	\$ <input style="width: 80%;" type="text"/>	\$ <input style="width: 80%;" type="text"/>
Investment Advisory Fees	\$ <input style="width: 80%;" type="text"/>	\$ <input style="width: 80%;" type="text"/>	\$ <input style="width: 80%;" type="text"/>
Job Search Costs	\$ <input style="width: 80%;" type="text"/>	\$ <input style="width: 80%;" type="text"/>	
Safe Deposit Box Fee	\$ <input style="width: 80%;" type="text"/>	\$ <input style="width: 80%;" type="text"/>	\$ <input style="width: 80%;" type="text"/>
IRA Custodial Fee	\$ <input style="width: 80%;" type="text"/>	\$ <input style="width: 80%;" type="text"/>	\$ <input style="width: 80%;" type="text"/>
Tax Prep Fee paid in 2016 <i>(new clients)</i>	\$ <input style="width: 80%;" type="text"/>	\$ <input style="width: 80%;" type="text"/>	\$ <input style="width: 80%;" type="text"/>
HSA Contribution for 2016 <i>(contributed by you, not your employer)</i>	\$ <input style="width: 80%;" type="text"/>	\$ <input style="width: 80%;" type="text"/>	

Student Loan Interest Paid: TAXPAYER SPOUSE *(only interest is deductible, not principal)*
 If your adjusted gross income is greater than \$75,000 (single) or \$150,000 (married), you cannot claim the deduction.

2016 Higher Education

Degree/Program Study at Eligible Educational Institution during 2016

	<input type="checkbox"/> Undergraduate	<input type="checkbox"/> Graduate - MBA	<input type="checkbox"/> Graduate - Other	<input type="checkbox"/> Other*
TAXPAYER	<input type="checkbox"/> Undergraduate	<input type="checkbox"/> Graduate - MBA	<input type="checkbox"/> Graduate - Other	<input type="checkbox"/> Other*
SPOUSE	<input type="checkbox"/> Undergraduate	<input type="checkbox"/> Graduate - MBA	<input type="checkbox"/> Graduate - Other	<input type="checkbox"/> Other*

* Other, Specify:

Name of college or university attended:

Tuition & Fees Paid in 2016

	TAXPAYER	SPOUSE
Total amount of tuition & fees	\$ <input style="width: 80%;" type="text"/>	\$ <input style="width: 80%;" type="text"/>
Required books & supplies	\$ <input style="width: 80%;" type="text"/>	\$ <input style="width: 80%;" type="text"/>