

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 :
Referred By: (new clients)

SPOUSE

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

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

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)
<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	\$	\$	
Margin Interest	\$	\$	\$
Personal Property Taxes	\$	\$	\$
Investment Advisory Fees	\$	\$	\$
Job Search Costs	\$	\$	
Safe Deposit Box Fee	\$	\$	\$
IRA Custodial Fee	\$	\$	\$
Tax Prep Fee paid in <i>(new clients)</i>	\$	\$	\$
HSA Contribution for <i>(contributed by you, not your employer)</i>	\$	\$	

	TAXPAYER	SPOUSE	
Student Loan Interest Paid:	\$	\$	<i>(only interest is deductible, not principal)</i>
	<input type="checkbox"/>	<input type="checkbox"/>	

If your adjusted gross income is greater than \$65,000 (single) or \$160,000 (married), you cannot claim the deduction.

☐ Higher Education

Degree/Program Study at Eligible Educational Institution during ☐ 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

	TAXPAYER	SPOUSE
Total amount of tuition & fees	\$	\$
Required books & supplies	\$	\$