**TAXPAYER INFORMATION SHEET**

**Taxpayer Information:**

* **Full Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Birthdate:** **/**/\_\_\_\_\_\_
* **Occupation:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Phone:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Cell:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Email:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Spouse Information (if applicable):**

* **Full Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **SSN:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Birthdate:** **/**/\_\_\_\_\_\_
* **Occupation:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Phone:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Cell:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Email:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* **Apt/Unit:** \_\_\_\_\_\_ **City:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **State:** \_\_\_\_ **Zip Code:** \_\_\_\_\_\_

### **Dependent Information**

| **Name (First, MI, Last)** | **Birthdate (MM/DD/YYYY)** | **SSN** | **Relationship** | **Months Lived in Home** |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

### **Additional Information**

* **How did you hear about us?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Where did you prepare your return last year?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Dependent-Related Questions:**

* Dependent(s) aged 0-23 years? **Yes / No / N/A**
* If 19-24, attended educational institution in 2023? **Yes / No / N/A**
* Cared for dependent(s) >6 months? **Yes / No / N/A**
* Paid >50% of household expenses? **Yes / No / N/A**

### **Refund Preferences**

**Receive refund via:** **Check** ☐ **Direct Deposit** ☐ (**Checking ☐ / Savings ☐**)

* **Routing Number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Account Number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CERTIFICATION:** I certify that I would like my taxes prepared according to the information I have provided.

**Taxpayer's Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** **/**/\_\_\_\_\_\_ **Spouse's Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:/**/\_\_\_\_\_\_