|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1.Your First name | M.I. | Last name | Telephone number | Are you a U.S. citizen? Yes No | Social Security Number/ITIN |
| 2.Spouse’s First name  | M.I. | Last name | Telephone number | Spouse a U.S. citizen? Yes No  | Spouse’s SS Number/ITIN |
| 3.Mailing Address | Apt | City | State | ZIP code |
| 4. Your DOB | 5. Your job title | 6.Last year, were you: a. Full-time Student Yes Nob. Totally and permanently disabled Yes No c. Legally blind Yes No Yes  |
| 7. Spouse’s DOB | 8. Spouse’s job title | 9.Last year, was your spouse: a. Full-time Student Yes Nob. Totally and permanently disabled Yes No c. Legally blind Yes No Yes |
| 10. Can anyone claim you or your spouse on their tax return? Yes No Unsure  |
| 11. Have you or your spouse: a. Been a victim of identity theft? Yes No b. Adopted a child? Yes No |

 TAX PREPERATION INFORMATION SHEET

**Part I. Your Personal Information**

**Part II. Marital Status and Household Information**

1. As of December 31, 2016, were you: Unmarried (this includes registered domestic partnesrships, civil unions, or other formal relationships under state)

 Married a. if Yes, Did you get married in 2016? Yes No

 b. Did you live with your spouse during any part of the last six months of 2016 ? Yes No

 Divorced Date of final decree \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Legally Separated Date of separate maintenance agreement \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Widowed Year of spouse’s death \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. List the names below of:

* Everyone who lived with you last year (other than your spouse) If additional space is needed check here and list on page 3
* Anyone you supported but did not live with you last year

Best filing status for you: Single Married filing Joint Married filing Separate Head of Household Widow

**Part III. Dependents Info**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name (first, last) Do not enter your name or spouse’s name below | Social Security # | Date of Birth(mm/dd/yy) | Relationship to you (for example: son, daughter, parent, none, etc.) | Number of months lived in your home last year | US Citizen(yes/no) | Resident of US, Canada, or Mexico last year (yes/no) | Single or Married as of 12/31/16(S/M) | Full-time Student last year (yes or no) | Totally and permanently disabled(yes/no) | Is this person a qualifying child/relative of any other person? (yes/no) | Did this person provide more than 50% of his/her own support? (yes/no) | Did this person have less than $4,050 of income? | Dis the taxpayer(s) provide more than 50% of support for this person? (yes/no/NA | Did the taxpayer pay more than half the cost of maintaining a home for this person? (yes/no) |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

**File Options:** Mail Electronic **Refund Options:** Mail Direct Deposit Tax Office Net Spend (visa) **Easy Advance Plus:** Yes No

**Part IV.**

Check appropriate box for each question in each section

Yes No Unsure Part III- Income- Last year, Did you (or your spouse) Receive

 1.(B) Wages or Salary? (Form W-2) if yes, how many jobs did you have last year? \_\_\_\_\_\_\_\_

 2.(A) Tip Income?

 3.(B) Scholarships? (Forms W-2, 1098-T)

 4.(B) Interest/Dividends from: checking/savings accounts, bonds, CDs, brokerage? (Forms 1099-INT, 1099-DIV)

 5.(B) Refund of state/local income taxes? (Form 1099-G)

 6.(B)Alimony income or separate maintenance payments?

 7.(A) Self-Employment Income? (Form 1099-MISC, cash)

 8.(A) Cash/Check payments from any work performed not reported on Forms W-2 or 1099?

 9.(A) Income (or loss) from the sale of Stocks, Bonds or Real Estate? (Including your home) (Forms 1099-S, 1099-B)

 10.(B) Disability Income? (such as payments from insurance, or workers compensation) (Forms 1099-R, W-2)

 11.(A) Payments from pensions, Annuities, and/or IRA? (Form 1099-R)

 12.(B) Unemployment Compensation? (Form 1099-G)

 13.(B) Social Security or Railroad Retirement Benefits? (Forms SSA-1099, RRB-1099)

 14.(M) Income (or loss) from Rental Property?

 15.(B) Other Income? (Gambling, lottery, prizes, awards, jury duty, Sch K-1, royalties, foreign income, etc.) Specify

Yes No Unsure Part IV- Expenses- Last year, Did you (or your spouse) Pay

 1.(B) Alimony or separate maintenance payments? If yes, do you have the recipient’s SSN Yes No

 2. Contributions to a retirement account? \_\_\_\_\_\_\_\_\_IRA(A) \_\_\_\_\_\_\_\_\_401K(B)\_\_\_\_\_\_\_\_\_\_ Roth IRA (B)\_\_\_\_\_\_\_\_\_\_\_\_

 3.(B) College or post-secondary educational expenses for yourself, spouse or dependent? (Form 1098-T)

 4.(B) Unreimbursed employee business expenses? (Such as uniforms or mileage)

 5.(B Medical expenses? (Including health insurance premiums)

 6.(B) Home mortgage interest? (Form 1098)

 7.(B) Real estate taxes for your home or personal property taxes for your vehicle? (Form 1098)

 8.(B) charitable contributions?

 9.(B) Child or dependent care expenses such as daycare?

 10.(B) For supplies used as an eligible educator such as teacher, teacher’s aide, counselor, etc.?

 11.(A) Expenses related to self-employment income or any income you received?

 12.(B) Student loan interest? (Form 1098-E)

Yes No Unsure Part V-Life Events- Last Year, Did you (or your spouse)

 1.(HSA) Have a Health Savings Account? (Form 5498-SA, W-2 with code W in box 12)

 2.(A) Have debt from a mortgage or credit card cancelled/forgiven by a commercial lender? (Forms 1099-C, 1099-A)

 3.(A) Buy, sell or have a foreclosure of your home? (Form 1099-A)

 4.(B) Have Earned Income Credit (EIC) disallowed in a prior year? If yes, for which tax year? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 5.(A) Purchase and install energy-efficient home items? (such as windows, furnace, insulation, etc.)

 6.(B) Live in an area that was affected by a natural disaster? If yes, where?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 7.(A) Receive the First Time Homebuyers Credit in 2008?

 8.(B) Make estimated tax payments or apply last year’s refund to this year’s tax? If so how much? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 9.(A) File a federal return last year containing a ”capital loss carryover” on form 1040 Schedule D?

Yes No Unsure Part VI- Health Care Coverage- Last year, did you ,your spouse, or dependent (s)

 1.(B) Have health care coverage?

 2.(B) Receive one or more of these forms? (Check the box) Form1095-B Form 1095-C

 3.(A) Have coverage through the marketplace (Exchange)? Provide Form 1095-A

 3a. (A) if yes, were advance credit payments made to help you pay your health care premiums?

 3b. (A) if yes, is everyone listed on your Form 1095-A being claimed on this tax return?

 4.(B) Have an exemption granted by the marketplace?

**Part V. Health Care**

Visit <http://www.healthcare.gov/> or call 1-800-318-2596 for more information on health insurance options and assistance.

If advance payments of the premium tax credit were paid on your behalf to help pay your health insurance premiums, you should report life changes, such as, income, marital status or family size changes, to your marketplace. Reporting changes will help you to make sure you are getting the proper amount of advance payments.

|  |
| --- |
| To be completed by a Certified Preparer (Use Publication 4012 and check the appropriate box(es) indicating Minimum Essential Coverage (MEC) for everyone listed on the return)  |
| Name (List dependents in the same order as in Part II | MECEntire Year | No MEC | Part Year MEC(Mark months with coverage) | Exemption(mark months exemption applies) | Exemption All Year | Notes |
| Taxpayer |  |  | J F M A M J J A S O N D | J F M A M J J A S O N D |  |  |
| Spouse |  |  | J F M A M J J A S O N D | J F M A M J J A S O N D |  |  |
| Dependent |  |  | J F M A M J J A S O N D | J F M A M J J A S O N D |  |  |
| Dependent |  |  | J F M A M J J A S O N D | J F M A M J J A S O N D |  |  |
| Dependent |  |  | J F M A M J J A S O N D | J F M A M J J A S O N D |  |  |

**Part VI.** Notes & Signature

Additional Comments

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I agree to provide all information necessary to complete an accurate tax return. I have reviewed the information contained in this document and agree that all the information is complete and correct.

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