



In order to assist us in preparing a tax return(s) that results in the largest allowable refund, it is important that you complete all of the questions that apply to you. The information in the highlighted areas is the minimum amount required to begin processing your Tax Return(s). Please print your answers legibly in ink and return all pages of this form with your tax documents and/or other information.

1 Personal Information

First and Last Name (as it appears on your Social Security Card)		SSN	Date of Birth	Occupation
Taxpayer				
Spouse				
Street Address (P.O. Boxes cannot be used for bank products)				Apt. No
City		State	Zip	
Home Phone ()		Work Phone ()	Cell Phone ()	
Email Address				
List all states in which you have lived or worked during the tax year:				
Can you be claimed as a dependent on some else's tax return?		Are you Blind?	Are you Disabled?	Do you want to contribute \$3 to the Presidential Campaign Fund?
Taxpayer	Yes <input type="checkbox"/> No <input type="checkbox"/>			
Spouse	Yes <input type="checkbox"/> No <input type="checkbox"/>			

2 Identity Validation

Government Issued Photo ID#		Type	Issuer	Expiration Date
Taxpayer				
Spouse				

NOTE: Photo identification for Taxpayer (and Spouse if applicable) will need to be provided to tax professional.

3 Marital Status

On December 31 st , were you:					
Single <input type="checkbox"/>	Married <input type="checkbox"/>	Divorced <input type="checkbox"/>	Separated <input type="checkbox"/>	Widowed <input type="checkbox"/>	Year Spouse Died:
If your Marital Status is Single, Separated or Widowed, did you pay over half of the cost of keeping up a home in which you and another person (other than a child) lived? Yes <input type="checkbox"/> No <input type="checkbox"/>					
If you are divorced, legally separated or married but did not reside with your spouse the last 6 months of the year can you provide the IRS with:					
(a) Divorce decree <input type="checkbox"/>		Separate Maintenance agreement <input type="checkbox"/>		Separation agreement <input type="checkbox"/>	
(b) Documents verifying your spouse did not live with you				Yes <input type="checkbox"/> No <input type="checkbox"/>	
(c) Documents verifying you paid more than half the cost of maintaining your home				Yes <input type="checkbox"/> No <input type="checkbox"/>	
(d) Did you receive any non-taxable support/income? Family Support <input type="checkbox"/> Food Stamps <input type="checkbox"/> Housing Assistance <input type="checkbox"/> Childcare Assistance <input type="checkbox"/> Other <input type="checkbox"/>					

4 Military Personnel/Dependent Status

Are **YOU** and/or your **SPOUSE** a regular or reserve member of the Army, Navy, Marine Corps, Air Force, or Coast Guard serving on active duty under a call or order that does not specify a period of 30 days or fewer **OR** a dependent of a member of the armed forces on active duty as described above?

Yes* No

***ACTIVE DUTY MILITARY PERSONNEL AND THEIR DEPENDENTS ARE PROHIBITED FROM RECEIVING A REFUND ANTICIPATION LOAN**

IF YOU HAVE QUESTIONS, PLEASE CALL 1-XXX-XXX-XXXX

5 Dependent Information (if applicable)**Dependent #1**

First Name:	Last Name (on SSN Card):	SSN:
Relationship: Son Daughter Fosterchild Grandchild Grandparent Parent Brother Sister Aunt Uncle Nephew Niece None Other		
# of months in the home:	DOB:	Childcare expenses paid during tax year: \$
Is this dependent unmarried <u>OR</u> married, can be claimed as your dependent and is NOT filing a joint return (except to claim a refund)? Yes <input type="checkbox"/> No <input type="checkbox"/>		Did this dependent live with you in the US for over half the year? Yes <input type="checkbox"/> No <input type="checkbox"/>
Could another person qualify to claim this dependent? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, dependent's relationship to other person:		
If the tiebreaker rules apply, would this dependent be treated as your qualifying child? Yes <input type="checkbox"/> No <input type="checkbox"/>		
1. If Dependent is a Full-Time College Student:		3. If Dependent is <u>not</u> your SON or DAUGHTER:
(a) Name of School:		(a) Where is the MOTHER?
(b) Can you provide documentation? Yes <input type="checkbox"/> No <input type="checkbox"/>		(b) Where is the FATHER?
2. If Dependent is Disabled:		(c) Foster Child—Placement letter or court document? Yes <input type="checkbox"/> No <input type="checkbox"/>
(a) Type of disability:		(d) Birth/marriage certificate verifying relationship? Yes <input type="checkbox"/> No <input type="checkbox"/>
(b) SSI or other disability payments? Yes <input type="checkbox"/> No <input type="checkbox"/>		4. Can you provide any of the following records/documentation to prove dependent lived with you for more than half the year? School <input type="checkbox"/> Medical <input type="checkbox"/> Letter* <input type="checkbox"/> Social Service <input type="checkbox"/> Day Care <input type="checkbox"/>
(c) Letter from doctor or agency verifying disability? Yes <input type="checkbox"/> No <input type="checkbox"/>		

Dependent #2

First Name:	Last Name (on SSN Card):	SSN:
Relationship: Son Daughter Fosterchild Grandchild Grandparent Parent Brother Sister Aunt Uncle Nephew Niece None Other		
# of months in the home:	DOB:	Childcare expenses paid during tax year: \$
Is this dependent unmarried <u>OR</u> married, can be claimed as your dependent and is NOT filing a joint return (except to claim a refund)? Yes <input type="checkbox"/> No <input type="checkbox"/>		Did this dependent live with you in the US for over half the year? Yes <input type="checkbox"/> No <input type="checkbox"/>
Could another person qualify to claim this dependent? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, dependent's relationship to other person:		
If the tiebreaker rules apply, would this dependent be treated as your qualifying child? Yes <input type="checkbox"/> No <input type="checkbox"/>		
1. If Dependent is a Full-Time College Student:		3. If Dependent is <u>not</u> your SON or DAUGHTER:
(a) Name of School:		(a) Where is the MOTHER?
(b) Can you provide documentation? Yes <input type="checkbox"/> No <input type="checkbox"/>		(b) Where is the FATHER?
2. If Dependent is Disabled:		(c) Foster Child—Placement letter or court document? Yes <input type="checkbox"/> No <input type="checkbox"/>
(a) Type of disability:		(d) Birth/marriage certificate verifying relationship? Yes <input type="checkbox"/> No <input type="checkbox"/>
(b) SSI or other disability payments? Yes <input type="checkbox"/> No <input type="checkbox"/>		4. Can you provide any of the following records/documentation to prove dependent lived with you for more than half the year? School <input type="checkbox"/> Medical <input type="checkbox"/> Letter* <input type="checkbox"/> Social Service <input type="checkbox"/> Day Care <input type="checkbox"/>
(c) Letter from doctor or agency verifying disability? Yes <input type="checkbox"/> No <input type="checkbox"/>		

Dependent #3

First Name:	Last Name (on SSN Card):	SSN:
Relationship: Son Daughter Fosterchild Grandchild Grandparent Parent Brother Sister Aunt Uncle Nephew Niece None Other		
# of months in the home:	DOB:	Childcare expenses paid during tax year: \$
Is this dependent unmarried <u>OR</u> married, can be claimed as your dependent and is NOT filing a joint return (except to claim a refund)? Yes <input type="checkbox"/> No <input type="checkbox"/>		Did this dependent live with you in the US for over half the year? Yes <input type="checkbox"/> No <input type="checkbox"/>
Could another person qualify to claim this dependent? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, dependent's relationship to other person:		
If the tiebreaker rules apply, would this dependent be treated as your qualifying child? Yes <input type="checkbox"/> No <input type="checkbox"/>		
1. If Dependent is a Full-time College Student:		3. If Dependent is <u>not</u> your SON or DAUGHTER:
(a) Name of School:		(a) Where is the MOTHER?
(b) Can you provide documentation? Yes <input type="checkbox"/> No <input type="checkbox"/>		(b) Where is the FATHER?
2. If Dependent is Disabled:		(c) Foster Child—Placement letter or court document? Yes <input type="checkbox"/> No <input type="checkbox"/>
(a) Type of disability:		(d) Birth/marriage certificate verifying relationship? Yes <input type="checkbox"/> No <input type="checkbox"/>
(b) SSI or other disability payments? Yes <input type="checkbox"/> No <input type="checkbox"/>		4. Can you provide any of the following records/documentation to prove dependent lived with you for more than half the year? School <input type="checkbox"/> Medical <input type="checkbox"/> Letter* <input type="checkbox"/> Social Service <input type="checkbox"/> Day Care <input type="checkbox"/>
(c) Letter from doctor or agency verifying disability? Yes <input type="checkbox"/> No <input type="checkbox"/>		

Please indicate if sheets attached for additional Dependents

IF YOU HAVE QUESTIONS, PLEASE CALL 1-XXX-XXX-XXXX

6 Childcare Provider Information**If you paid childcare expenses while you were working or going to school, please complete**

Provider #1 Name:	Provider #2 Name:	
Address:		Address:
City:	State:	Zip:
EIN or SSN:		EIN or SSN:
Amount Paid to this Provider: \$		Amount Paid to this Provider: \$

Please indicate if sheets attached for additional Providers **7 Income and Deduction Information****If you or anyone in your home received any of the following, indicate the number of forms received:**

Form	Type	# of Forms:	Form	Type	# of Forms:
W-2	Wage Income		1099-MISC	Self-Employment	
W-2G	Gambling Income		1099-R	IRA/401K Distribution	
1099-B	Sale of stocks or bonds		1099-SSA	Social Security Income	
1099-DIV	Dividend Income		1098*	Mortgage Interest*	
1099-G	Unemployment Income		1098-E	Student Loan Interest	
1099-INT	Interest Income		1098-T*	Tuition Expense*	

If you RECEIVED Alimony, how much:

If you PAID Alimony, how much:

Other Income not listed :

Did you pay any Medical or Dental Expenses*?

Yes No **If you (or your spouse) have self-employed income:**

(a) How long have you owned your business:	(b) Can you provide documentation to verify your business?	Yes <input type="checkbox"/> No <input type="checkbox"/>
(c) Who maintains the business records:	(d) Are separate personal and business accounts maintained?	Yes <input type="checkbox"/> No <input type="checkbox"/>
(e) Do you have any 1099-MISC to support the income? Yes <input type="checkbox"/> No <input type="checkbox"/>	(f) Other info:	

Please use the Schedule ACE Attestation to enter income and/or expenses*8 Earned Income Credit (EIC) Due Diligence Information**

Who provided the information on this Interview Form?	Taxpayer <input type="checkbox"/>	Spouse <input type="checkbox"/>	Agent with Power of Attorney <input type="checkbox"/>
Was the Taxpayer a nonresident alien for any part of the year?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Was your main home, and the main home of your spouse if filing jointly, in the U.S. for more than half the year?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Has your EIC ever been reduced or disallowed?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Do you, your spouse or dependent(s) have a Social Security Card with "not valid for employment" printed on it?	Yes <input type="checkbox"/> No <input type="checkbox"/>		

9 Comments & Questions

10 Signature(s) and Declaration

I (we) declare that I (we) have provided and reviewed the above information and to the best of my (our) knowledge and belief, it is true, correct and complete.	
Taxpayer Signature:	Date:
Spouse Signature:	Date:

1 Schedule A — Itemized Deductions

Medical & Dental Expenses		Taxes		Interest	
Insurance Premiums	\$	State/Local	\$	Mortgage (on Form 1098)	\$
Prescriptions	\$	Real Estate	\$	Points (on Form 1098)	\$
Eyeglasses/ Other Devices	\$	Personal Property	\$	Mortgage (not on Form 1098)	\$
Co-Pays	\$	Other (List type and amount)		Points (not on Form 1098)	\$
Medical Equipment	\$			Mortgage Insurance Premiums	\$
Medical Miles	\$			Investment	\$
Charitable Gifts		Unreimbursed Employee Expenses		Other Miscellaneous Deductions	
Cash*/Check	\$	Travel	\$	Tax Preparation Fees	\$
Other than Cash/Check	\$	Auto/Transportation	\$	Safe Deposit Box	\$
Other (List type and amount)		Meals	\$	Other (List type and amount)	
	\$	Entertainment	\$		\$
	\$	Uniforms	\$		\$
	\$	Union Dues	\$		\$
Casualty and Theft Losses		\$			

*Must be able to provide written proof for all deductions made in cash

2 Schedule C — Self-Employment**3 Schedule E — Rental/Royalty**

Total Schedule C Income		\$	Total Schedule E Income		\$	
Expenses					Expenses	
Advertising	\$	Repair/Maintenance	\$	Advertising	\$	
Auto/Travel	\$	Supplies	\$	Auto/Travel	\$	
Depreciation	\$	Taxes/Licenses	\$	Maintenance	\$	
Insurance	\$	Meals/Entertainment	\$	Commissions	\$	
Interest	\$	Utilities	\$	Insurance	\$	
Legal/Professional	\$	Wages	\$	Legal/Professional	\$	
Rent/Lease	\$	Other Expenses	\$	Management Fees	\$	
					Depreciation	\$

Attestation

The figures/amounts above were submitted/furnished by me (us) to the tax preparer. I (we) have reviewed the information and to the best of my (our) knowledge and belief, it is accurate, true, correct, and complete. The tax preparer has made me aware that the IRS may require me to provide proof for all the items listed above and other items on my tax return and, if needed, I will be able to provide proof of this information to the IRS.

Taxpayer Signature:

Date:

Spouse Signature:

Date: