

Returning Clients Note Changes

Information Summary

Photo ID and Social Security card required to e-file

Use reverse for additional information

Today's Date: _____

First Name _____ M.I. ____ Last Name _____ SSN _____

Current Address _____ City _____ State _____ Zip _____

Cell # _____ Work # _____ Email _____

Date of Birth _____ Job Title _____

My Status is: Single ____ Divorced ____ Married ____ Separated ____ Widowed ____ As of: ____ / ____ / ____

Complete if Married: Spouse Name _____ SSN _____ Date of Birth _____

January 1st through December 31st last year

Did you provide over half the cost of a home for someone? ____ Can someone else claim you / spouse as a dependent? ____

DEPENDENT INFORMATION - USE OTHER SIDE

Did anyone else live with you during the year? ____ Number of children ____ Employer day care benefits? ____

Dependent care expenses \$ _____ Paid to (name & SS or EIN) _____

CHECK IF YOU:

- Lived in U.S. all year, State of _____
- Purchased a Home
- Incurred a Casualty or Theft Loss
- Contributed to a Retirement Account
- Sold Stocks, Property or Home
- Bought any Motorized Vehicle
- Abandoned Property – Foreclosure / Repo

CHECK IF YOU RECEIVED:

- Wages – Number of W-2s _____
- Other Employee Compensation (1099 Misc)
- Retirement Distribution
- Interest or Dividend Income
- Alimony
- Social Security Benefits
- Unemployment Compensation
- Lottery or Gambling Winnings
- Jury Duty Pay
- State Tax Refund
- Partnership, S Corp or Trust Income (K-1)
- A Prize
- Scholarships or Fellowships
- Rental or Royalty Income (Complete Worksheet E)
- Business Income (Complete Worksheet C)
- Any Other Income

CHECK IF YOU WERE:

- On Public Aid
- Forgiven any Debt or Filed Bankruptcy
- Engaged in any Business
- In the Armed Forces
- A Teacher or Educator
- A Homeowner
- Disabled

CHECK IF YOU PAID FOR:

- Real Estate Taxes or DMV Registration
- Mortgage Interest or Refinancing
- Medical Expenses over 10% of your income
- Charitable Contributions
- Alimony or Legal Fees
- Tax Preparation fees
- Interest Expense on Investments
- Job Related Expenses (List on bottom of back)
- Moving Expenses
- State Income Tax
- Penalty on Withdrawal of Savings
- Foreign Taxes
- Student Loans
- Estimated Taxes
- Any Education Expenses
- Any Other Expenses

SPOUSE & DEPENDENTS - Questions about dependents

1- Full Name and Date of Birth: _____

Social Security Number _____ Number of months in your home _____ Relationship _____

US Citizen _____ Married _____ Income earned by dependent _____ Full time Student _____ Disabled _____

Can anyone else Claim this dependent _____ Percent of Support provided by you _____

2- Full Name and Date of Birth: _____

Social Security Number _____ Number of months in your home _____ Relationship _____

US Citizen _____ Married _____ Income earned by dependent _____ Full time Student _____ Disabled _____

Can anyone else Claim this dependent _____ Percent of Support provided by you _____

3- Full Name and Date of Birth: _____

Social Security Number _____ Number of months in your home _____ Relationship _____

US Citizen _____ Married _____ Income earned by dependent _____ Full time Student _____ Disabled _____

Can anyone else Claim this dependent _____ Percent of Support provided by you _____

4- Full Name and Date of Birth: _____

Social Security Number _____ Number of months in your home _____ Relationship _____

US Citizen _____ Married _____ Income earned by dependent _____ Full time Student _____ Disabled _____

Can anyone else Claim this dependent _____ Percent of Support provided by you _____

Did you have Health insurance? Y N Family members covered? _____

Purchase insurance from the marketplace? Y N Months covered: _____

I / We certify that all information on this Information Summary is correct to the best of my / our knowledge, including:

- 1 – All names, Social Security numbers and birth dates provided by me / us are current per SSA records.
- 2 – I was not / we were not denied Earned Income Tax Credit in the past and have answered all EIC questions correctly.
- 3 – I / we authorize my / our preparer to inquire about my / our federal and / or state refund on their respective website.
- 4 – If applying for a Bank Product, I / we will sign the Consent to Use Form and the Consent to Disclose Form.
- 5 – I / we authorize my / our preparer to inquire about my / our federal debt with the Financial Management Service

YOUR SIGNATURE _____ SPOUSE'S SIGNATURE _____

PREPARER _____

We shall not be held liable for any IRS audit or investigation resulting from inaccurate information provided or withheld by the taxpayers.