

NEW → How much was your first stimulus check? _____ 2nd Check? _____

Did you have health insurance all 12 months? Yes _____ No _____
Was that insurance through the Marketplace? Yes _____ No _____

HOME PHONE _____ WORK PHONE _____

CELL PHONE _____

EMAIL ADDRESS _____

Please circle how you prefer to be contacted ~ Home, work, cell, email

(NAMES AS CURRENTLY SHOWN ON SOCIAL SECURITY CARD)

NAME _____ BIRTHDATE ____/____/____

SPOUSE NAME _____ BIRTHDATE ____/____/____

OCCUPATIONS--YOU _____ SPOUSE _____

BLIND, DEAF OR DISABLED? YOU ___ SPOUSE ___

ADDRESS _____

CITY-ZIP CODE _____

SCHOOL DISTRICT _____

Are either of you a disable Vet? Yes _____ % of disability No _____

DEPENDENTS (children)

(NAMES AS CURRENTLY SHOWN ON SOCIAL SECURITY CARD)

NAME _____ S.S. NUMBER ____/____/____

RELATIONSHIP _____ BIRTHDATE ____/____/____

NAME _____ S.S. NUMBER ____/____/____

RELATIONSHIP _____ BIRTHDATE ____/____/____

NEW → Do you have receipts for at least \$300 in contributions? YES _____ NO _____
Or, amount I have receipts for _____ This is a new credit and you DO NOT
have to itemize to get this credit

REMEMBER TO BRING:

ALL W2'S AND 1099'S and 1098'S

PROOF OF HEALTH INSURANCE

1095-A, 1095-B, or 1095-C

YEAR END PAY STUBS (if you have them)

MORTGAGE STATEMENTS

TAX BILLS PAID AND (IF DIFFERENT) TAX BILLS DUE (may need both for some people)

ALL BROKERAGE STATEMENTS. THIS INCLUDES K-1'S

Please fill out this section!!!!!!

DIRECT DEPOSIT OF REFUND Same account as last year _____ I do not want direct deposit _____

New account information!

Bank Name _____ Routing Number _____ Account Number _____

Account Type _____ ("C" for checking "S" for saving)