BANK INFORMATION

Refund: *Provide a Voided Check*		
Receive Refund by:	☐ Direct Deposit	☐ IRS Check
Bank Name:		
Account Number:		
Routing Number:		
Deposit to:	☐Checking	☐Savings
Amount You Owe:	☐I will mail check.	☐ I will provide bank account or credit/debit card info.

DEPENDENTS – *Please list names of all dependents, regardless of age, who received more than half of their support from you. If dependent did not live in your home, please explain. Do not list spouse.*

Name of Dependent	Date of Birth	Social Security #	Relationship	Months in US Home	Disabled?	Full-Time Student?	Income*
							$
							$
							$
							$
							$

EIC & Misc. Dependent Questions – Check all that apply.

☐	The IRS has disallowed my EIC in the past & I am prohibited from claiming EIC on this year's tax return.
☐	I can be claimed as the qualifying child for EIC on another person's return.
☐	I have a social security card that says "Not Valid for Employment" or was issued solely for applying for or receiving federally funded benefits?
☐	My home was outside of the United States for more than half of the tax year?
☐	I have a child(ren) who lived with me in my home outside the United States for more than half the tax year?
☐	I am a non-custodial parent claiming an exemption for my child. Provide signed Form 8332 OR enter Custodial Parent's Name : Social Security #:
☐	*I have a dependent child who had unearned income *(interest, dividends, capital gains etc .)* over $950 and/or earned income over $5700.
☐	There was a change in my tax situation from the previous year *(births, adoptions, children you can no longer claim, death of child, etc.)*

Comment

DEPENDENT CARE – *Compete or attach itemized statement from provider.*

Qualifying Person's Name	Provider's Name, Address, Phone #	Provider's ID#	Amount
			$
			$
			$

ESTIMATED TAXES

		Date Paid	Federal Amount	Date Paid	State Amount
1st Quarter	04/15		$		$
2nd Quarter	06/15		$		$
3rd Quarter	09/15		$		$
4th Quarter	01/15		$		$
Extension	04/15		$		$