

PLEASE FILL IN COMPLETELY

UPDATE/QUESTIONNAIRE **2017**

PLEASE PRINT LEGIBLY

___ PREVIOUS ___ NEW

TAX YEAR _____ Today's Date ___/___/___ Referred By _____

PLEASE ANSWER Yes OR No

Did You Have ___ HEALTH INSURANCE ___ DENTAL PLAN
 Form 1095... A B C : EXCHANGE OR EMPLOYER OTHER: _____

FINAL COPY OPTIONS: ___ E-mail ___ (Paperless) CD disk ___ Other
 ___ Add \$7 Postage + Convenience Fee/Mail CD or Paper copy (circle one)

E-MAIL (PRINT): _____

YOUR NAME _____ SS# ___ - ___ - ___ DOB ___ / ___ / ___

SPOUSE _____ SS# ___ - ___ - ___ DOB ___ / ___ / ___

HOME ADDRESS _____ CELL# _____

CITY _____ STATE _____ ZIP _____ DAY /WORK _____

MAIDEN NAME (if any) _____ EVE/HOME _____

FILING STATUS: ___ SINGLE ___ HEAD OF HOUSE ___ MARRIED JOINT (Can advise best for you)
 FOR EIC COMPLETE Add'L FORM

YOUR JOB TITLE _____ SPOUSE JOB TITLE _____

LIST ALL DEPENDENTS FULL NAME: New (must show SS card for all)

PRINT DEPENDENT FULL NAME	SS#	RELATION TO YOU	D.O.B
_____	_____	_____	___ / ___ / ___
_____	_____	_____	___ / ___ / ___
_____	_____	_____	___ / ___ / ___
_____	_____	_____	___ / ___ / ___

NO LONGER DEPENDENT --- PLEASE DELETE.....WRITE NAMES TO DELETE

Child Care Provider _____

NAME	EIN/SSN #
_____	_____

Address/City/State/Zip _____ Amt Paid _____ Weekly or Bi-wkly _____

TO AVOID DELAYS, PENALTIES & E-FILE REJECTS...PLEASE RE-CHECK ALL ENTRIES FOR ACCURACY & SUBMIT ALL INCOME DOCUMENTS (W2, Any 1099, UNEMP, GAMBLING, INT, DIV, SSA, MGT STMT, TUITION, HEALTHCARE, LIST EXPENSES ETC...)

SEE OVER

___ Add Protection Plus if you itemize...To assist in event of an Audit-See attached details

✓ CHECK ALL THAT APPLIES TO YOU, WE CAN DISCUSS EXACT AMOUNTS

\$ _____	STARTED NEW BUSINESS	\$ _____	PURCHASED/SOLD HOME (give details)
\$ _____	UNIFORM EXPENSES	\$ _____	HAVE RENTAL PROPERTY (give details)
\$ _____	LEASED/PURCHASE VEHICLE (Job related only)	\$ _____	JOB SEEKING EXPENSES
\$ _____	CASUALTY LOSES	\$ _____	PAID CONTRIBUTIONS/DONATIONS
\$ _____	PAID MTG INT/R/E TAXES (submit statements)	\$ _____	PAID MEDICAL EXPENSES \$ _____ Health Insurance Premiums
\$ _____	MOVING EXPENSES (Within 100 miles of old location)	\$ _____	UNION DUES
		\$ _____	TAXES
		\$ _____	CURRENT YR RETIREMENT CONTRIB.
\$ _____	ESTIMATED TAXES YOU PAID		

ADDITIONAL COMMENTS: (Disaster Victims/Military, etc.)

___ I (WE) WOULD LIKE TO KNOW REFUND AMOUNT BEFORE MAKING A FINAL DECISION!

PLEASE CHECK YOUR REFUND PREFERENCE:

NEW ___ I'M REQUESTING A REDUND ADVANCE \$ _____ (COMPLETE SEPARATE FORMS)
(\$500, \$800, \$1200)

___ Option #1 FREE E-FILE I will pay Prep fees in Advance

___ Option # 2 E-FILE Bank Product Deduct All fees from my Refund

*2pcs Government Issued Valid ID Required for Bank Products *

___ <u>DIRECT DEPOSIT</u> -within-10 Business days	___ Receive Direct Deposit
___ <u>CHECK Here</u> -10-14 Business Days	___ Receive Here
___ <u>CHECK in Mail</u> - within 21 Business Days	___ Receive Mail

___ Prepaid Visa Card (Refund deposit - Federal & State or either one) 10-14 business days

Required For Direct Deposit _____ SAVINGS _____ CHECKING

BANKNAME _____ RTN # _____ ACCOUNT# _____

Taxpayer Signature

Spouse Signature