

TAXWORLDPLUS

Drop-off - Pick-up

This will save you time and money, and help us help you more effectively.

Tax Return Questionnaire

Name and Address:		Social Security #	Occupation
Taxpayer :			
Spouse :			
Address: Own <input type="checkbox"/> Rent <input type="checkbox"/> Apt:		Email:	
City:	Zip:		
Old Address if moved in the last 8 months:		Work / Cell	Home:

Birth Date: Month, Day, Year Taxpayer: ___/___/___ Spouse: ___/___/___

Dependent of other.

Filing Status: Single Married Filing Joint Head of Household Qualifying Widow

DEPENDENTS: Married Filing Separate

Name (First, Initial, Last)	Social Security Number	Relationship	Months In Home?	Date of Birth	Health Coverage? (Please check one)
1.					<input type="checkbox"/> Yes <input type="checkbox"/> No
2.					<input type="checkbox"/> Yes <input type="checkbox"/> No
3.					<input type="checkbox"/> Yes <input type="checkbox"/> No

Source of Income?

(Please check all that apply)

W2 1099-G Stocks Interest 1099-misc. Rental Properties 1099-R
 Social Security Alimony W2G K1 Cash Income



Health Care Coverage? None Marketplace Work Medical (All Year?)

Yes [] No []



Full Time College Student? No Yes Type of Proof? _____

Name of School? _____ Total School Expense? _____ (pocket and student loans only)

Paid for Childcare? No Yes If yes, we will require more info.

Drop off Date

Drop off Date

Signature _____ Signature _____

Signature _____ Signature _____

Taxpayer agrees to pay \$30 fee for non-self employment and \$55 for self employment returns if for any reason he/she decide to NOT complete their tax preparations with us.