

TAXPAYER INFORMATION

Full Name:		Social Security #:
Phone Number:	DOB:	Occupation in 2016:
Health Insurance: <input type="checkbox"/> Full Year Coverage <input type="checkbox"/> No Coverage <input type="checkbox"/> Partial Year Coverage		

SPOUSE'S INFORMATION

Full Name:		Social Security #:
Phone Number:	DOB:	Occupation in 2016:
Health Insurance: <input type="checkbox"/> Full Year Coverage <input type="checkbox"/> No Coverage <input type="checkbox"/> Partial Year Coverage		

ADDRESS & CONTACT INFORMATION

Address:		
City:	State:	ZIP Code:
Email Address:		

FILING STATUS

Marital Status as of 12/31/2016: <input type="checkbox"/> Single <input type="checkbox"/> Married	If married, did you live apart from your spouse for the last 6 months of 2016? <input type="checkbox"/> Yes <input type="checkbox"/> No
If single, Did you pay for over half the cost of keeping up your home during 2016? <input type="checkbox"/> Yes <input type="checkbox"/> No <small>By answering "Yes", you are confirming that if requested by the IRS, you can provide documentation that verifies you paid for over half the cost of keeping up your home, such as rent receipts, utility bills, grocery receipts, and other household bills.</small>	

If you, your spouse, or your dependents did not have health care coverage for 2016, do you qualify for an exemption as outlined by the ACA? (See the board under the TV for the list of exemptions.) Yes No

DEPENDENTS(Children under age 19 or under 24 if a full time student) Additional space on back.

First Name	Last Name	DOB	SS Number	Relationship to You	# of Months Lived with TP in 2016	Health Insurance Coverage		
						Full Cov	No Cov	Part-Yr

We will need to make copies of Social Security Cards, please present them to us with this form.

If requested by the IRS, can you provide documentation that shows evidence of the relationship between you and each of your dependents listed above (birth certificates, marriage certificates, court documents, etc.)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If requested by the IRS, what documentation can you provide that shows evidence that each of your dependents lived with you for the number of months stated above during 2016 (school, medical, childcare records, etc.)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Can you, your spouse, or any of your dependents be claimed as a dependent on someone else's tax return?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you claiming a child who is not your own son or daughter? If yes, please explain why the parents of the child are not claiming the child.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you claiming a child who is permanently and totally disabled?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you claiming a child between the ages of 19 and 23 who was a full-time student for any part of five calendar months during 2016?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you claiming a child who is under the age of 13?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Were there any childcare expenses for children under the age of 13?(see second page)	<input type="checkbox"/> Yes <input type="checkbox"/> No

DAYCARE EXPENSES

Name of Daycare: _____ EIN: _____

Address: _____ Expense: _____

Name(s) of Child(ren) expenses were for: _____

DURING 2016, DID YOU OR YOUR SPOUSE....Own your own business? Yes No Own rental property? Yes NoReceive alimony? Yes No Pay alimony? Yes No Name and SS # of recipient of alimony: _____

Receive any of the following?

- | | | |
|---|--|--|
| <input type="checkbox"/> Wages or Salaries | <input type="checkbox"/> Unemployment Compensation | <input type="checkbox"/> Gambling Winnings |
| <input type="checkbox"/> Self-employment income or a 1099-MISC form | <input type="checkbox"/> Social Security Benefits | <input type="checkbox"/> Pensions, annuity, IRA or retirement income |
| <input type="checkbox"/> Interest on Savings | <input type="checkbox"/> Interest on stock dividends | |

Make payments on any of the following?

- | | | |
|--|---|--|
| <input type="checkbox"/> Real Estate Taxes | <input type="checkbox"/> Home Mortgage Interest | <input type="checkbox"/> Student Loan Interest |
| <input type="checkbox"/> College Tuition | <input type="checkbox"/> IRA Contribution | |

Purchase energy upgrades for your home? Yes No Receipts must be included to receive deduction.Are you a volunteer firefighter or ambulance worker? Yes No Name & Address of Company: _____**HOW DO YOU WANT TO FILE YOUR TAX RETURN?** E-File When your return is complete & paid for, we will electronically transmit your tax return. You may choose to have your refund direct deposited, or mailed to you in check form. Fee Collect The charge for our preparation is deducted from your refund amount. You may choose to have your refund direct deposited, a check delivered to our office, or you can have it loaded onto a Diamond Plus Debit Card. **You must be receiving a refund to choose this option.**

If you are due a refund how would you like to receive it?

 Mailed Direct Deposit (see below) Diamond Plus Card (Fee Collect only)Name of Bank: _____ Personal Business Checking Savings

Routing #: _____ Account #: _____

TERMS OF ENGAGEMENT

We will prepare your Federal and State income tax returns as requested using information you provide. We may ask for clarification of some items, but we will not audit or otherwise verify the information you provide us. It is your responsibility to provide all the information required for preparation of complete & accurate tax returns. You should retain all documents, cancelled checks, and other data that support your reported income and deductions. These may be necessary to prove the accuracy to a taxing authority. You have the final responsibility for your income tax returns, and therefore, you should review them carefully before you sign them.

All of the information I have given is true and correct to the best of my knowledge. I also agree to and accept the Terms of Engagement.

Taxpayer Signature: _____

Date: _____