

# Customer Information Worksheet

## Taxpayer Information

Full Name: \_\_\_\_\_ DOD: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_  
*City State ZIP Code*

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Driver's License: \_\_\_\_\_ SSN: \_\_\_\_\_ DOB: \_\_\_\_\_

IP PIN: \_\_\_\_\_ Occupation: \_\_\_\_\_ Disabled or blind? \_\_\_\_\_

Were you married as of December 31<sup>st</sup>? YES NO Has the spouse died in the last 3 years? YES NO

Did you provide more than half the cost of keeping up the home? YES NO

Would you like your refund Direct Deposited? YES NO Type of Account (Circle One): Checking Savings

Routing No: \_\_\_\_\_

Account No: \_\_\_\_\_

## Spouse Information

Full Name: \_\_\_\_\_ DOD: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_  
*City State ZIP Code*

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Driver's License: \_\_\_\_\_ SSN: \_\_\_\_\_ DOB: \_\_\_\_\_

IP PIN: \_\_\_\_\_ Occupation: \_\_\_\_\_ Disabled or blind? \_\_\_\_\_

## Customer Information Worksheet

### Dependent Information

Please list all dependents:

Full Name: _____	DOB: _____
SSN: _____	Months In Home: _____
Relationship: _____	IP Pin: _____
Full Name: _____	DOB: _____
SSN: _____	Months In Home: _____
Relationship: _____	IP Pin: _____
Full Name: _____	DOB: _____
SSN: _____	Months In Home: _____
Relationship: _____	IP Pin: _____

### Taxpayer Questionnaire

For purposes of this questionnaire "you" refers to taxpayer and the spouse.

Taxpayer/Spouse Information		
<b>Yes</b>	<b>No</b>	Can anyone claim you as a dependent?
<b>Yes</b>	<b>No</b>	Did you live in the US for over half of the year?
<b>Yes</b>	<b>No</b>	Do you have an ITIN or need to apply for an ITIN?
<b>Yes</b>	<b>No</b>	Did you pay student loan interest?
<b>Yes</b>	<b>No</b>	Did you pay college tuition for yourself, a spouse, or a dependent?
<b>Yes</b>	<b>No</b>	Are you a member of the military?
<b>Yes</b>	<b>No</b>	Did you pay for child dependent care so you could work or go to school?
<b>Yes</b>	<b>No</b>	Are you a member of a federally recognized tribe?
<b>Yes</b>	<b>No</b>	Were you or your spouse a full-time student?
Health Insurance Information		
<b>Yes</b>	<b>No</b>	Did you have full coverage health insurance during the tax year?
		Please list your type of coverage (government insurance, employer provided coverage, private insurance)
<b>Yes</b>	<b>No</b>	Did you purchase Marketplace Insurance (1095-A) for anyone in your household?
<b>Self</b>	<b>Family</b>	If you had an HSA was it a self only or a family plan?
Investment Information		
<b>Yes</b>	<b>No</b>	Have you withdrawn from retirement in the 3 years prior to this tax year?
<b>Yes</b>	<b>No</b>	Did you withdraw from retirement due to Covid in 2020 and elect to spread the taxable amount over 3 years?
<b>Yes</b>	<b>No</b>	Did you sell or transfer any stock?
<b>Yes</b>	<b>No</b>	Did you sell or transfer any Virtual Currency during the tax year?
Income Information		
<b>Yes</b>	<b>No</b>	Did you pay or receive alimony during the tax year for a marriage that ended prior to 2018?
<b>Yes</b>	<b>No</b>	Did you receive self-employment income during the tax year?
<b>Yes</b>	<b>No</b>	Did you receive rental income during the tax year?
<b>Yes</b>	<b>No</b>	Did you receive farm income during the tax year?
State Information		
<b>Yes</b>	<b>No</b>	Did you receive TANF or any kind of state aid during the tax year?
<b>Yes</b>	<b>No</b>	Did you pay rent or property taxes during the tax year?
<b>Yes</b>	<b>No</b>	Are there any state specific credits you typically claim? <b>Please list:</b>
<b>Yes</b>	<b>No</b>	Did you live or work in multiple states during the tax year?
Home Information		
<b>Yes</b>	<b>No</b>	Do you own a home?
<b>Yes</b>	<b>No</b>	Did you sell your main home during the tax year?
<b>Yes</b>	<b>No</b>	Did you claim the first-time homebuyer credit in 2008 or 2009?

### Customer Information Worksheet

Economic Impact Payments (Tax Years 2020 and 2021 Only)		
<b>Yes</b>	<b>No</b>	Did you receive your full amount of EIP 1 (March of 2020, \$1,200 adults, \$500 children under 17)?
		If you answered no, enter the amount of EIP received. If \$0 received enter \$0.
<b>Yes</b>	<b>No</b>	Did you receive your full amount of EIP 2 (December of 2020, \$600 adults, \$600 children under 17)?
		If you answered no, enter the amount of EIP received. If \$0 received enter \$0.
<b>Yes</b>	<b>No</b>	Did you receive your full amount of EIP 3 (March of 2021, \$1,400 per person claimed on the previously filed return)?
		If you answered no above, enter the amount of EIP received. If \$0 received enter \$0.
Advanced Child Tax Credit Payments (Tax Year 2021 Only)		
<b>Yes</b>	<b>No</b>	Do you elect to use 2019 earned income for EIC calculations?
		If you answered yes above, enter earned income for tax year 2019.

**Disclaimer and Signature**

*I certify that my answers are true and complete to the best of my knowledge.*

**Taxpayer**  
**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Spouse**  
**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Additional Customer Information:**