



 First Name M. I. Last Name Date of Birth

 Occupation Social Security Number
 US Citizen or Resident Alien Legally Blind Totally or Permanently Disabled

 Spouse First Name M. I. Last Name Date of Birth

 Occupation Social Security Number
 US Citizen or Resident Alien Legally Blind Totally or Permanently Disabled

 Address City State Zip Code

 Phone Number Email

Could you or your spouse be claimed as a dependent on the income tax return of any other person? _____

On December 31st, were you:
 Single Legally Married Separated Divorced Widowed

If married, did you live with your spouse during any part of the last six months of the year? _____

Is your spouse deceased? _____ If yes, provide the date of death _____

Direct Deposit Information

If due a refund, how would you like to receive it? Direct Deposit Check in the Mail Apply to next year
 If you owe taxes, how would you like to pay? Direct Debit Check With Return Credit Card

Name of Financial Institution _____ Checking Savings

Routing Number _____ Account Number _____

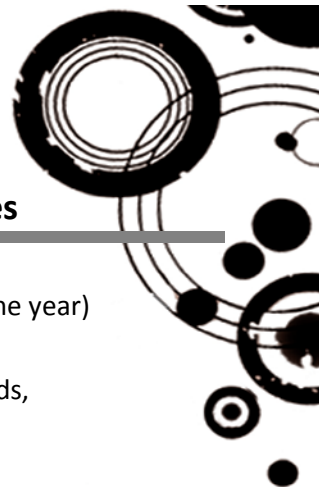
How would you like to pay your tax preparation fees? Deducted from Refund Check Credit Card

Family and Dependent Information - Do not include you or your spouse.

Print the name of everyone who lived in your home and outside your home that you supported during the year.

Name	DOB	Relationship	Number of months person lived with you last year	US Citizen, Resident of US, Canada or Mexico (yes or no)	Is the dependent a full time student? (yes or no)

FINANCIAL GROOVE



Common Income and Expenses

Income - Did you (or your spouse) receive:

- | | | |
|-----|----|--|
| Yes | No | Wages or Salary (include W-2s for all jobs worked during the year) |
| Yes | No | Tip income |
| Yes | No | Interest/Dividends from: checking or savings account, bonds, CDs, or brokerage account |
| Yes | No | State tax refund (may be taxable if you itemized last year) |
| Yes | No | Self Employment Income - business, farm, hobby, 1099-Misc or any earned income not reported on W-2 |
| Yes | No | Alimony income |
| Yes | No | Sale of Stock, Bonds or Real Estate |
| Yes | No | Disability income |
| Yes | No | Pensions, Annuities, and/or IRA distributions |
| Yes | No | Unemployment (1099-G) |
| Yes | No | Social Security or Railroad Retirement Benefits (1099-SSA or RRB) |
| Yes | No | Other Income: List _____ |

Expenses - Did you (or your spouse) make or have:

- | | | |
|-----|----|--|
| Yes | No | Alimony payments (provide the name and SSN or the recipient) |
| Yes | No | Contributions to IRA or other retirement account |
| Yes | No | Educational expenses for you, your spouse and/or your dependents |
| Yes | No | Un-reimbursed medical expenses |
| Yes | No | Home mortgage payments (Interest and taxes - see Form 1098) |
| Yes | No | Charitable contributions |
| Yes | No | Child/dependent care expenses that allow you to work |
| Yes | No | Any estimated tax payments for this tax year |
| Yes | No | Was Earned Income Credit previously disallowed? (as notified by the IRS) |

State Return Information

State of Residence as of 12/31 _____ County of Residence as of 12/31 _____
School District as of 12/31 _____ If Part Year, Period of Residency _____

Additional Notes

Please also reference **Documents You Will Need**, **Business Deductions** and **Music, Arts, Entertainment Deductions**

I certify that I have verified the account number(s) and personal information entered in the interview and that the remaining tax data and account information shown are correct to the best of my knowledge.

Signature

Date