

## PERSONAL INFORMATION

	Taxpayer	
Last Name		
First Name & Initial		
Social Security Number		
Occupation		
Date of Birth		
Email Address		
Cell Phone		
Home Phone		
Mailing Address		
City, State, & Zip		
<b>*School District/COUNTY</b>		

**\*VERY IMPORTANT for State Returns**

DO YOU WANT YOUR REFUND DIRECT DEPOSITED?

Yes

If yes, please provide the following bank account information:

Name of Bank: \_\_\_\_\_

Routing Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

What is your FILING STATUS, please circle one:

SINGLE

MARRIED

MARRIED FILING SEPARATE

HEAD OF HOI

### DEPENDENTS

	Dependent (1)	Dependent (2)
First Name & Initial		
Last Name		
Social Security Number		
Relationship		
Months Lived at Home		
Date of Birth		

### E-FILE MY RETURN(S)

Yes

By checking YES, you are acknowledging that you understand the following: We w  
any omissions or misstatements. Upon receiving your reply of approval, we will e

No  By checking NO, you are stating that you would prefer to mail in your return(s) and

Spouse

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No

HOUSEHOLD

Dependent (3)

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will email your return(s) to you to review for  
-file your return(s) for you.

d not have them e-filed.