

Part I - Personal Information

Taxpayer

Last Name First Name Middle Initial

Social Sec No. Date of Birth

Phone (cell / work) Phone (home)

Email Address

Street Address

City State Zip

Occupation Taxpayer Filing Status

Spouse

Last Name First Name Middle Initial

Social Sec No. Date of Birth

Phone (cell / work) Phone (home)

Occupation Does Taxpayer live with spouse? YES NO

For NCS Agent Only

Previous Year AGI

Agent Name

Agent Email

Agent Phone

Mailing YES NO

Electronic YES NO

Fee Deduct YES NO

Self Employed: Income / Expense
List of Assets
Cost of Assets
Date of Acquisition

Rental: Income / Expense
Date of Acquisition
Cost of Acquisition

Please complete the following questions

YES NO Are you self employed? If yes, how much did you earn? \$

YES NO Did you pay dependent expenses? If yes, how much? \$

Name Address EIN

YES NO Did you have any education expenses this year? If yes, how much? \$

YES NO Are you in School full time?

YES NO Did you make any non-cash contributions this year? If yes, how much? \$

YES NO Did you make any cash contributions this year? If yes, how much? \$

YES NO Do you pay rent for your home? If yes, identify landlord, #months and monthly rent.

Landlord # of Months Monthly Rent

YES NO Did you purchase your home this year? If yes, how much did you pay? \$

Refund Options

Check

Direct Deposit

Routing #

Account #

NOTE: Please include mortgage statement interest & taxes.

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Part II - Dependent Information

Please list any dependents

1 Last Name First Name Middle Initial
 Date of Birth Social Sec No. # of months lived with you
 YES NO Is this Dependent your child? If not - describe relationship YES NO Are parents alive?

2 Last Name First Name Middle Initial
 Date of Birth Social Sec No. # of months lived with you
 YES NO Is this Dependent your child? If not - describe relationship YES NO Are parents alive?

3 Last Name First Name Middle Initial
 Date of Birth Social Sec No. # of months lived with you
 YES NO Is this Dependent your child? If not - describe relationship YES NO Are parents alive?

4 Last Name First Name Middle Initial
 Date of Birth Social Sec No. # of months lived with you
 YES NO Is this Dependent your child? If not - describe relationship YES NO Are parents alive?

 **Signature**

I attest under penalty of perjury that the above information is true

For NCS Agent Only

Confirmed Documents:
 License SS Card Dep SS Card W-2 1099 Mortg Statement

Missing Information:
 Missing Information

Returned Information:
 YES NO Tax return given to client? Federal check dispersed to client State check dispersed to client

Prepared by:
 Filed prepared by Date