

REQUIRED INFORMATIONAL 1040 WORKSHEET

Taxpayer's Name _____
 Phone # _____
 Email _____
 Address _____

Spouse's Name _____
 Phone # _____
 Email _____
 Address _____

Move Date (If Applicable) _____
 Driver's License # _____
 License Issue Date _____
 Expiration Date _____
 DOB _____

Move Date (If Applicable) _____
 Driver's License # _____
 License Issue Date _____
 Expiration Date _____
 DOB _____

For Direct Deposit: (Provide Voided Check for Accuracy)
 Account # _____
 Routing # _____

For Direct Deposit: (Provide Voided Check for Accuracy)
 Account # _____
 Routing # _____

Dependents for 2023 Tax Year:

Dependent Name & Relationship	Birth Date	SSN	If over 17, FT Student?	Number of months in home?	Did you provide over 1/2 support?	Childcare expenses incurred?

• Would you like to pick-up when completed or receive in mail? P/U or MAIL

* Check box if you would like to opt-in to text notifications

• Did you receive Unemployment? ****Should have received 1099-G Form*

YES or NO

-If yes, what was the amount? _____

• Do you have an Identity Theft PIN from the IRS?

YES or NO

-If yes, what is the PIN #? _____

***You will only have this if you requested one from the IRS - Please provide form if you have it ***WE WILL NEED THIS PIN TO EFILE YOUR RETURN*

• Estimated Taxes Paid? (2023 Tax Year)

	<u>Federal</u>	<u>State</u>
#1	\$ _____	\$ _____
#2	\$ _____	\$ _____
#3	\$ _____	\$ _____
#4	\$ _____	\$ _____

• Did you receive Marketplace Health Insurance?

****If yes, form 1095-A needs to be provided*

YES or NO

• Did you have any transactions in virtual/cryptocurrency?

****If yes, please provide documentation*

YES or NO