

Filing Status – Please Circle One				
Single	Head of Household	Married Filing Joint	Married Filing Separate	Qualifying Widow(er)

Taxpayer Information		
First Name	Middle Name	Last Name
Date of Birth	Social Security Number	Gender
Daytime Telephone Number	Evening Telephone Number	Email Address

Spouse Information		
First Name	Middle Name	Last Name
Date of Birth	Social Security Number	Gender
Daytime Telephone Number	Evening Telephone Number	Email Address

Demographic Information		
Physical Address	City/State	Zip Code
Mailing Address	City/State	Zip Code

Dependent Information			
Name			
Date of Birth	Months in Home	Social Security Number	Relationship
Name			
Date of Birth	Months in Home	Social Security Number	Relationship
Name			
Date of Birth	Months in Home	Social Security Number	Relationship
Name			
Date of Birth	Months in Home	Social Security Number	Gender

Did you pay childcare expenses during the previous tax year? YES NO

If YES, please provide the tax professional with the receipt issued by the care-provider. The receipt must include the caregiver's name, address, EIN or SSN, and the full amount paid. If you had multiple child-care providers, you must provide receipts for all providers with the above-mentioned information.

Did you (and if applicable, your entire household) have health insurance coverage for the entire year? YES NO

If YES, was the insurance purchased through the Insurance Marketplace? YES NO

Are you or anyone listed on your tax return being claimed as a dependent on another tax return? YES NO

If YES, who? _____

Have you ever been disallowed from claiming the Earned Income Tax Credit? YES NO

Are you or anyone listed on your tax return, permanently disabled and/or blind? YES NO

If YES, who? _____ Year of disability and/or blindness _____

If you are due a refund, how would you prefer to receive your refund?

- Paper Check Mailed by the IRS (tax preparation fees paid before filing)
- Direct Deposit (tax preparation fees paid before filing)
- Check Printed in our Office (pay nothing upfront)
- Direct Deposit (pay nothing upfront)
- Debit Card (pay nothing upfront)

If Direct Deposit was selected, please enter the following:

Routing Number: _____ Checking
 Account Number: _____ Savings

Do you or your spouse have any debt that may warrant the Internal Revenue Service or other government agency to take all or a portion of your tax refund? YES NO

If YES, please provide further information _____

Taxpayer Identification				
ID Type	ID Number	ID Issue Date	ID Expiration Date	ID State
Spouse Identification Information (if applicable)				
ID Type	ID Number	ID Issue Date	ID Expiration Date	ID State

I certify that the information listed above was provided accurately and honestly. I understand that I do not hold American Tax Company, LLC. responsible for errors that results from dishonest or missing information.

 Taxpayer Signature

 Date

 Spouse Signature

 Date