

PRIMARY TAXPAYER INFORMATION

SECONDARY TAXPAYER INFORMATION

Name:				Name:			
Social:		DoB:		Social:		DoB:	
Home #:		Wrk #:		Home #:		Wrk #:	
Cell #:		Fax #:		Cell #:		Fax #:	
Occupation:				Occupation:			
Email:				Email:			
Mailing Address:				Mailing Address:			
Physical Address:				Physical Address:			
(If PO Box)				(if PO Box)			
County:		School District:		County:		School District:	

PLEASE CIRCLE FILING STATUS: SINGLE MARRIED JOINT MARRIED SEPARATE HEAD OF HOUSEHOLD

DEPENDENT INFORMATION

Name:	Relationship:	Social:	Date of Birth:	Months in home for current year:	Gross Income:	Student? Yes <or> No:
1)						
2)						
3)						
4)						
5)						

UNEMPLOYMENT QUESTION

Did you receive unemployment benefits during the tax year? **Yes** or **No**

If yes: Please provide Form 1099-G from NYS Department of Labor, you will need to obtain this through your online account.

HEALTH INSURANCE INFORMATION

Did you receive insurance through the NYS Health Exchange or another government market place? **Yes** or **No**

If yes: Did you, your spouse, or your dependents receive any advance premium tax credits to off-set the cost of your health insurance? **Yes** or **No**

If yes: Please provide Form 1095-A from the Health Marketplace

REFUNDS/ BALANCE DUES

Refund:	
If you would like direct deposit of your refund(s) please enter the information below.	
Bank Name:	
Checking or Savings?:	
Routing Number:	
Account Number:	

Balance Due:	
If you wish to have your balance due(s) directly debited from your bank account please fill out the information below.	
Bank Name:	
Checking or Savings?:	
Routing Number:	
Account Number:	
Date of Debit:	

ESTIMATED TAX PAYMENTS

Date Paid:	Federal:	State:
Applied from Prior Year:	\$	\$
1st Qtr:	\$	\$
2nd Qtr:	\$	\$
3rd Qtr:	\$	\$
4th Qtr:	\$	\$

Did you make any catalog, internet, or out-of-state purchases and did NOT pay New York State sales tax? Yes No
 If yes, please indicate how much you purchased \$ _____
 or Use Chart

OTHER INCOME

Tips:	\$
Jury Duty:	\$
Alimony Received:	\$
Prizes & Awards:	\$
Scholarships & Grants:	\$
Gambling:	\$
Hobby Income:	\$
Other:	\$
Other:	\$
Other:	\$

ADJUSTMENTS TO INCOME

Contributions to Retirement Arrangements:		
	Traditional IRA	Roth IRA
Primary Taxpayer:	\$	\$
Secondary Taxpayer:	\$	\$

Contributions to Health Savings Arrangements:		
	HSA:	MSA:
Primary Taxpayer:	\$	\$
Secondary Taxpayer:	\$	\$

If you took any distributions from retirement or health savings accounts, please bring in all documentation.

Miscellaneous Adjustments:	
Alimony Paid:	
Soc. Sec. No. of Payee:	
Amount Paid:	\$
Educator/Teacher Expenses:	\$

CHILD CARE EXPENSE

Child that Attended:	Provider Name:	ID #:	Address:	Amount:
				\$
				\$
				\$

EDUCATION EXPENSES

Student Loan Interest:	
Primary Taxpayer:	\$
Secondary Taxpayer:	\$

Notes: _____

Please bring in any information pertaining to education expenses, student loan interest, and year-end statements for Section 529 Education Savings Plans.

TAX RETURN NOTES:

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