

DOLLARS AND SENSE TAX RETURN INFO SHEET

\*If this is your first year filing with Dollars & Sense, please bring copy of last year's return and social security cards.. Thank you!!

Name: \_\_\_\_\_ SS# \_\_\_\_\_ Birthdate: \_\_\_\_\_
Spouse's Name: \_\_\_\_\_ SS# \_\_\_\_\_ Birthdate: \_\_\_\_\_
Dependent's \_\_\_\_\_ SS# \_\_\_\_\_ Birthdate: \_\_\_\_\_
Name(s) \_\_\_\_\_ SS# \_\_\_\_\_ Birthdate: \_\_\_\_\_
\_\_\_\_\_ SS# \_\_\_\_\_ Birthdate: \_\_\_\_\_
\_\_\_\_\_ SS# \_\_\_\_\_ Birthdate: \_\_\_\_\_
\_\_\_\_\_ SS# \_\_\_\_\_ Birthdate: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_ Alt Phone: \_\_\_\_\_
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_
E-mail: \_\_\_\_\_ Spouse's Email: \_\_\_\_\_ School Dist.: \_\_\_\_\_

Are you required to file a local tax return? \_\_\_\_\_ If yes, what locality(ies)? \_\_\_\_\_

Occupation: \_\_\_\_\_ Spouse: \_\_\_\_\_

Check all that apply or are possible this year

Types of Income: W-2 \_\_\_\_\_ 1099Misc or self employed \_\_\_\_\_ Interest or Dividends \_\_\_\_\_
Taxable Refunds \_\_\_\_\_ Capital Gains \_\_\_\_\_ Rental Income \_\_\_\_\_
Royalties \_\_\_\_\_ Partnership or S-Corp \_\_\_\_\_ Trust or Farm \_\_\_\_\_
Unemployment \_\_\_\_\_ IRA or Pension \_\_\_\_\_ Social Security \_\_\_\_\_
Alimony \_\_\_\_\_ Any Other Income \_\_\_\_\_

Adjustments: IRA \_\_\_\_\_ Health Saving Acct \_\_\_\_\_ Moving \_\_\_\_\_
1/2 SE Tax \_\_\_\_\_ SE Retirement \_\_\_\_\_ SE Health \_\_\_\_\_
Alimony \_\_\_\_\_ Penalty Early w/d \_\_\_\_\_ Itemize \_\_\_\_\_
St Loan Int \_\_\_\_\_ Tuition and Fees \_\_\_\_\_ Other \_\_\_\_\_

Credits: Child Care \_\_\_\_\_ Education \_\_\_\_\_ Child Tax \_\_\_\_\_
Retirement \_\_\_\_\_ Other \_\_\_\_\_

Were you (spouse and/or dependents) covered for health insurance for all 12 mos of the year?
Was this coverage through your employer or through marketplace?

Other Taxes: SE Tax \_\_\_\_\_ Household Emp \_\_\_\_\_ AEIC \_\_\_\_\_
SS & Med \_\_\_\_\_ Retirement Plans \_\_\_\_\_ Other \_\_\_\_\_

Payments: Add CTC \_\_\_\_\_ Estimated Payments \_\_\_\_\_ EIC \_\_\_\_\_

If available would you like to have your refund direct deposited?: \_\_\_\_\_ Circle One
Bank Routing # \_\_\_\_\_ Acct# \_\_\_\_\_ Acct Type \_\_\_\_\_ CK / SAV

Any Additional Questions or Comments?