

Taxpayer 1 Name: \_\_\_\_\_  
First Name M.I. Last Name

(Please put the taxpayer that should be first on the tax return. If you have previously filed jointly, it should be the same as last year)

Taxpayer 1 SSN: \_\_\_\_\_ Taxpayer 1 birthday: \_\_\_\_\_

Taxpayer 1 Occupation: \_\_\_\_\_

Taxpayer 1 email: \_\_\_\_\_

Taxpayer 1 phone: \_\_\_\_\_

Home Address: \_\_\_\_\_

*If you were legally married on 12/31/2024 please include your spouse's information even if you are filing separately.*

Taxpayer 2 Name: \_\_\_\_\_  
First Name M.I. Last Name

Taxpayer 2 SSN: \_\_\_\_\_ Taxpayer 2 birthday: \_\_\_\_\_

Taxpayer 2 Occupation: \_\_\_\_\_

Taxpayer 2 email: \_\_\_\_\_

Taxpayer 2 Phone: \_\_\_\_\_

**Dependents**

First Name \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name \_\_\_\_\_  
SSN \_\_\_\_\_ Birthday \_\_\_\_\_ Relationship \_\_\_\_\_ No of Months in home in 2024 \_\_\_\_\_

First Name \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name \_\_\_\_\_  
SSN \_\_\_\_\_ Birthday \_\_\_\_\_ Relationship \_\_\_\_\_ No of Months in home in 2024 \_\_\_\_\_

First Name \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name \_\_\_\_\_  
SSN \_\_\_\_\_ Birthday \_\_\_\_\_ Relationship \_\_\_\_\_ No of Months in home in 2024 \_\_\_\_\_

First Name \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name \_\_\_\_\_  
SSN \_\_\_\_\_ Birthday \_\_\_\_\_ Relationship \_\_\_\_\_ No of Months in home in 2024 \_\_\_\_\_

**Any notes or questions**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If you want refunds direct deposited or want balances auto debited, please provide bank information:

Bank Routing Number: \_\_\_\_\_

Bank Account Number: \_\_\_\_\_

Bank Name: \_\_\_\_\_

Checking or Savings

Did you have health insurance through healthcare.gov (aka Marketplace)  Yes  No  
*If yes, please include form 1095-A. You should be able to log in to your account online to get a copy if you didn't receive one in the mail.*  
Cryptocurrency--At any time during 2024, did you have any transactions with digital asset (or a financial interest in a digital asset)? Yes No