

UPDATE/QUESTIONNAIRE 2023-2024

PLEASE PRINT LEGIBLY

PREVIOUS NEW

TAX YEAR Today's Date / / Referred By

E-MAIL (PRINT):

FINAL COPY OPTIONS: E-mail (Paperless) CD disk Other
Add \$7 postage + convenience fee/mail CD or Paper copy (circle one)

YOUR NAME SS# - - DOB / /

SPOUSE SS# - - DOB / /

HOME ADDRESS CELL#

CITY STATE ZIP DAY /WORK

MAIDEN NAME (if any) EVE/HOME

FILING STATUS: SINGLE HEAD OF HOUSE MARRIED JOINT (Can advise best for you)
FOR EIC COMPLETE NEXT FORM

YOUR JOB TITLE SPOUSE JOB TITLE

LIST ALL DEPENDENTS FULL NAME: New (must show SS card for all)

Table with 4 columns: PRINT DEPENDENT FULL NAME, SS#, RELATION TO YOU, D.O.B. (with date format / /)

NO LONGER DEPENDENT --- PLEASE DELETE NAMES

Child Care Provider

Table with 2 columns: NAME, EIN/SSN #

Address/City/State/Zip Amt Paid Weekly or Bi-wkly

TO AVOID DELAYS, PENALTIES & E-FILE REJECTS...PLEASE RE-CHECK ALL ENTRIES FOR ACCURACY & SUBMIT ALL INCOME DOCUMENTS (W2, Any 1099, UNEMP, GAMBLING, INT, DIV, SSA, MGT STMT, TUITION, HEALTHCARE, LIST EXPENSES ETC...)

SEE OVER

