Taxpayer Name Spouse Name		Social Security Number Social Security Number		Date of Birth		
				Date of Birth		
Filing Status:	Single Married Filing Jointly Married Filing Separately Head of household Qualified Widow(er)		Stimulus amount received for entire household:	Total: Nothing Received:		
Telephone Number:			Did your spouse pass away in 2020?	/ If so, when?		
Current Addr	ess:		Did you move in 2020?	Yes:	□ No:	
Email Address	s:					
List all of the C	hildren you will be claiming	in 2020:				
Name: Name: Name: Name:		SS SS	SN:	DOB: DOB: DOB: DOB:		
Can anyone e	lse claim any of the children If so, whic		Yes: 🗌 No: 🗌			
	Checking 🗌 S		□ No: □ on*	_ Account #:		
	e any estimated tax paymen ncy (IRS, PA, Local), dates, a					

(Continued on next page...)

Did you have health insurance through the marketplace?	YES:	No:	
(Please include Form 1095-A)			

Taxpayer's State ID:	Number:	Issued:	Expires:	State:
Spouse's State ID:	Number:	Issued:	Expires:	State:
How will you receive y *mailing fee of \$8*	our tax return?	PDF Copy (\$10 disco I will pick it up in pe I would like it maile	erson 🗌	
Will you be paying:	at pick-up (no fee via my refund (fe			
		vere you off due to covid-19 hat time who issued you a		No:

Please use the space below to let your preparer know of any changes in 2020 or any additional information necessary to complete your tax return: