|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|       |  |       |  |       |
| **Taxpayer Name** |  | **Social Security Number** |  | **Date of Birth** |
|       |  |       |  |       |
| **Spouse Name** |  | **Social Security Number** |  | **Date of Birth** |

|  |
| --- |
| **Single** |[ ]
| **Married Filing Jointly** |[ ]
| **Married Filing Separately** |[ ]
| **Head of household** |[ ]
| **Qualified Widow(er)** |[ ]

|  |  |  |  |
| --- | --- | --- | --- |
| **First Round Total:** |  |  | **Didn’t Receive** |[ ]
|  |  |  |  |  |
| **Second****Round Total:** |  |  | **Didn’t Receive** |[ ]

**Filing Status: STIMULUS**

 **AMOUNT**

 **RECEIVED:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Telephone Number:** |  |  |  | **Did your spouse pass away in 2020?** | **If so, when?** |  |
|  |  |  |  |
| **Current Address:** |  |  |  | **Did you move in 2020?**  | **Yes:** |[ ]  **No:** |[ ]
|  |  |  |  |
|  |  |  |  |
| **Email Address:** |  |  |  |

**List all of the Children you will be claiming in 2020:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name:** |  | **SSN:** |  | **DOB:** |  |
| **Name:** |  | **SSN:** |  | **DOB:** |  |
| **Name:** |  | **SSN:** |  | **DOB:** |  |
| **Name:** |  | **SSN:** |  | **DOB:** |  |

|  |  |  |
| --- | --- | --- |
| **Can anyone else claim any of the children above?** | **Yes:** |[ ]  **No:** |[ ]
| **If so, which one(s):** |  |

|  |  |  |
| --- | --- | --- |
| **Do you want your refund direct deposited?** | **Yes:** |[ ]  **No:** |[ ]

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Bank Name:** |  | **Routing #:** |  | **Account #:** |  |
| **What kind of account is it?** | **Checking** [ ]  | **Savings** [ ]  |

**\*Please provide a voided check for proof of information\***

|  |  |  |
| --- | --- | --- |
| **Did you make any estimated tax payments in for 2020?** | **Yes:** |[ ]  **No:** |[ ]

**Please list agency (IRS, PA, Local), dates, and amounts below:**

|  |
| --- |
|  |

**(Continued on next page…)**

|  |  |  |
| --- | --- | --- |
| **Did you have health insurance through the marketplace?****(Please include Form 1095-A)** | **YES:** |[ ]  **No:** |[ ]
|  |  |  |  |  |
| **Did you donate $300 or more to any 501c3 charities in 2020?****(This could include your church, humane societies, community centers, etc.)** | **If so, how much?** |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Taxpayer’s Driver’s License:** | **Number:** |  | **Issued:** |  | **Expires:** |  | **State:** |  |
| **Spouse’s Driver’s License** | **Number:** |  | **Issued:** |  | **Expires:** |  | **State:** |  |

|  |
| --- |
| **PDF Copy ($10 discount)** |[ ]
| **I will pick it up in person** |[ ]
| **I would like it mailed to me\*** |[ ]

**How will you receive your tax return?**

**\*mailing fee of $8\***

|  |
| --- |
| **at pick-up (no fees apply)** |[ ]
| **via my refund (fees apply)** |[ ]

**Will you be paying:**

|  |  |
| --- | --- |
| **IF SELF EMPLOYED: How many days were you off due to covid-19?** |  |
| **Were you employed by anyone else at that time who issued you a W2?** | **Yes:** |[ ]  **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:**

|  |
| --- |
|  |