Taxpayer Name Spouse Name		Social Security Number	Date	Date of Birth Date of Birth		
		Social Security Number	Date			
Filing Status:	Single Married Filing Jointly Married Filing Separatel Head of household Qualified Widow(er)	y				
Telephone Nu	umber:	Did your spouse pas If so, please provide				
Email Address:		Did you move in 202	22? Yes:	□ No:		
Mailing Addre	ess:					
side of the form Name: Name: Name: Name:	•	SSN:	DOB: DOB: DOB: DOB: DOB:	ntormation on i	everse	
Can anyone e	lse claim any of the childre					
*Please provid	your refund direct deposit e a voided check for proof					
Bank Name: What kind of		Routing #:	Account ‡ Savings □	t:		
-	e any estimated tax payme ncy (IRS, PA, Local), dates,		o: 🗆			

(Continued on next page...)

(Please include Form		ne marketplace/Penny?	YES:	□ No: □
Did you have any no (This could include y	-	s 2022? societies, community cente	How mu	ch?
Taxpayer's Driver's License: Spouse's Driver's License	Number:	Issued:	Expires:	State:
How will you receive y *mailing fee of \$8*	your tax return?	PDF Copy (\$10 discord I will pick it up in per I would like it mailed	rson	
Will you be paying:	at pick-up (no fees			
to complete your tax				onal information necessary