



### Taxpayer Information Sheet

Filing Status:  Married  Single  
 Head of Household  Married Filing Separate  
 Widowed (Date of Birth \_\_\_\_\_)

Primary Taxpayer's Name \_\_\_\_\_ Blind  Student  Deceased   
Date of Birth \_\_\_\_\_ Social Security # \_\_\_\_\_

Did the taxpayer have health insurance in 2023? Yes  No  (must provide copy of 1095 A,B,C or Proof of insurance)

If so, was it through the marketplace? Yes  No  (form 1095A is required to file)

Spouse Name \_\_\_\_\_ Blind  Student  Deceased

Spouse Date of Birth \_\_\_\_\_ Spouse Email \_\_\_\_\_ Social Security # \_\_\_\_\_

Did the spouse have health insurance in 2023? Yes  No  (must provide copy of 1095B,C or Proof of insurance)

If so, was it through the marketplace? Yes  No  (form 1095A is required to file)

Address \_\_\_\_\_  
City, State, ZIP \_\_\_\_\_

Phone # \_\_\_\_\_ Phone #2 \_\_\_\_\_ (We need a valid # to complete your taxes (2) #'s for Bank Products)

Email \_\_\_\_\_

I would like to receive a copy of my Tax Return via Email  Client Portal

#### **Dependents being claimed on Tax Return**

Full Name \_\_\_\_\_ Son  Daughter  Parent  Other   
Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Social Security # \_\_\_\_\_  
Month they've lived w/You Last Year \_\_\_\_\_

Did the dependent have health insurance in 2023? Yes  No  (must provide copy of 1095 A,B,C or Proof of insurance)  
If so, was it through the marketplace? Yes  No  (form 1095A is required to file)

Full Name \_\_\_\_\_ Son  Daughter  Parent  Other   
Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Social Security # \_\_\_\_\_  
Month they've lived w/You Last Year \_\_\_\_\_

Did the dependent have health insurance in 2023? Yes  No  (must provide copy of 1095 A,B,C or Proof of insurance)  
If so, was it through the marketplace? Yes  No  (form 1095A is required to file)



Full Name \_\_\_\_\_ Son  Daughter  Parent  Other

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Social Security # \_\_\_\_\_

Month they've lived w/You Last Year \_\_\_\_\_

Did the dependent have health insurance in 2023? Yes  No  (must provide copy of 1095 A,B,C or Proof of insurance)

If so, was it through the marketplace? Yes  No  (form 1095A is required to file)

Full Name \_\_\_\_\_ Son  Daughter  Parent  Other

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Social Security # \_\_\_\_\_

Month they've lived w/You Last Year \_\_\_\_\_

Did the dependent have health insurance in 2023? Yes  No  (must provide copy of 1095 A,B,C or Proof of insurance)

If so, was it through the marketplace? Yes  No  (form 1095A is required to file)

**If you're supposed to receive a Tax Refund how would you like to receive it?**

Direct Deposit

Bank Name \_\_\_\_\_ Rout. Number \_\_\_\_\_ Acct. Number \_\_\_\_\_

Checking Account  Savings Account

50% up Front and the rest out of Refund (an extra \$95 Bank Fee will be added to Tax Prep)

Check (pick up at Suncrest Office)  Direct Deposit  (Enter bank info above)

Are you Interested in our Tax Return Audit Protection service for \$99  or  
full-service identity protection solution for \$59.99?

(If boxes are checked the fee will be withdrawn from Tax Refund)

**PLEASE DON'T FORGET TO SEND US THE FOLLOWING**

Copy of Driver's License and SS Card  
All Tax Documents (W2 etc.)

Copy of Social Security card for ALL Dependents

Proof of Insurance for Taxpayer & Dependents

Referral Name or ID \_\_\_\_\_