

Tax Year:	Preparer:							Refund Estimate:						
Filing Status:		Single		MFJ		ſ	MFS		ŀ	ЮН		Widow(er	-)	
		Full Name				Social Se	ecurity #	Da	ate of Birth		Occup	ation		
Taxpayer														
Spouse														
Home Address:														
City:	ty:								State: Zip:					
Phone #:			Email:											
Direct Deposit B	ank Name:	:								Checking		Savings		
Routing #: Account #:														
Dependent(s)														
Full Nam	e (First/La	st)		Soc	ial Secu		Dat	e of Bi	rth Mo	onths in Home	9	Relationshi	р	
Any dependents in daycar	Any dependents in daycare? Yes \(\square\) No \(\square\) Daycare Name:													
Address: EFIN/SS#:														
How much childcare expense did you pay? Dependent Name:														
Any family member in coll	ege during	g this tax y	ear? \	′es □	No		Who?							
Did you receive child tax credit this tax year? Yes \Box No \Box How much?														
How much education expe	ense did yo	ou pay out	of pocke	t?					\$					
Did you file a return last yo	ear?				Yes		No		DL#					
Do you owe back taxes?		2			Yes		No		State					
Do you owe defaulted stud		ſ			Yes		No		Issued					
Do you owe back child sup	portr				Yes	Ш	No		Expires					
Following Received:		W-2(s)		1099(s)		1098		Self-	-Employme	nt 🗆	SS	S Benefits		
Unemployment? Yes \Box No \Box Amount:										State re	efund:			
Did receive EIP 3 Letter 64	75?	Yes 🗆	No		so, ho	w much	?							
I agree that all information provided on this form is true and accurate to my knowledge. I give the ERO permission to request information from the Federal Treasury offset program. I understand that if my RAL or PERC is denied I will be responsible for paying the preparation fee.														
Taxpayer Signature	yer Signature Spouse Signature								Date					