

PERMANENT FILE INFORMATION SHEET

YEAR _____

Date _____

Did we prepare your return last year? Yes No

Filing Status: JT S MFS HOH

1. Name(s) _____ DOB _____ SS# _____
_____ DOB _____ SS# _____

2. Address where refund will be sent: _____

**Resident of which State? _____

3. Contact phone number _____ Cell Phone # _____

4. E-mail address 1) _____ 2) _____

5. List any Dependents here: Are there any changes to dependents claimed from prior year? Yes No
List changes (if any) below:

Name _____ DOB _____ SS# _____
Name _____ DOB _____ SS# _____
Name _____ DOB _____ SS# _____

Attach copy of Social Security cards for new dependents or newly married individuals

Did each dependent live in your household for the entire year? Yes No

If you are HOH, who claims your children? _____

6. Are you claimed as a Dependent on anyone else's return? Yes No

If yes, enter your Parent/Guardian's name here _____

7. What type of income did you receive this year? (Check all that apply)

_____ W-2's _____ Interest Income _____ 1099's
_____ Other: _____

8. What type of expenses did you have this year?

_____ Daycare-Provider's name, SS#, address & amount paid needed.

_____ College Tuition (1098-T)

_____ Interest on School Loans (1098-E)

_____ Real Estate Tax Paid-in current tax year

_____ New Home Purchased-in current year (closing date _____)

_____ Energy Efficient Repairs to Home-ie: windows, doors, insulation

_____ Sales Tax Paid on New Vehicle-in current tax year

_____ Other: _____

9. Did you or are you going to contribute to an IRA or Roth IRA? Traditional Roth

If so, how much did/will you contribute? \$ _____

10. Would you like your return to be Direct Deposited/Debited? Checking Savings

Debit Date _____ Please attach copy of cancelled check.