



Taxpayer Acknowledgement Form

Taxpayers Name: _____

- 1) Did you file taxes last year? Yes No
- 2) Do you have debt with any of the following? IRS Student Loans Child Support
- 3) Are you planning on purchasing a home within the next year? Yes No
- 4) Did you and all members or your household have insurance for the entire year? Yes No
- 5) If health insurance was through the marketplace, we CANNOT file your return without a 1095A form
- 6) What is your preferred method of communication? Call Text Email

Do you have any of the following? *(Select all that apply)*

- | | |
|---|---|
| <input type="checkbox"/> Childcare Expenses | <input type="checkbox"/> Student Loan Interest/Tuition Fees |
| <input type="checkbox"/> Contribution to Church/Charity Etc. | <input type="checkbox"/> Own Rental Property |
| <input type="checkbox"/> Home Business or Self Employed (1099 misc) | <input type="checkbox"/> Employee Business and Vehicle Expenses |
| <input type="checkbox"/> Home Mortgage Interest / Real Estate Taxes | <input type="checkbox"/> Health Savings Account |
| <input type="checkbox"/> Contributions / Distributions from IRA or 401K | <input type="checkbox"/> Moving Expenses |

PAYMENT PREFERENCE **Deducted from your refund(additional charges apply)** **Paid upon completion**

Refund Method Direct Deposit Check by Mail

Bank Name: _____ Account Type: Checking Savings Other

Routing #: _____ Account #: _____

Return Status: Please allow 21 days for processing. Check the status of your return at www.irs.gov/refunds or call 800-829-1040

Signature

Date

Spouses Signature

Date