



X BloX Taxes

Information Worksheet

2017 AGI:	_____
Referred by:	_____
Date efiled:	_____
Refund	_____
Balance Due \$	_____

Taxpayer Info

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (cell) _____ (alternate) _____

Email Address: _____

SSN: _____ DOB: _____

Occupation: _____ Health Insurance _____ None
 Circle One Part
 Full

Last year's Adjusted Gross Income: _____

DL#: _____ Issued: _____ Expires: _____

Spouse Info

Spouse Name: _____

SSN: _____ DOB: _____

Email Address: _____

Occupation: _____ Health Insurance _____ None
 Circle One Part
 Full

Phone: (cell) _____ Student _____ Disabled _____

DL #: _____ Issued: _____ Expires: _____

Dependent Info

Dependent Name: _____

SSN: _____ DOB: _____

Relationship: _____ Student _____ Disabled _____ Health Insurance _____ None
 Part
 Full

Dependent Name: _____

SSN: _____ DOB: _____

Relationship: _____ Student _____ Disabled _____ Health Insurance _____ None
 Part
 Full

Dependent Name: _____

SSN: _____ DOB: _____

Relationship: _____ Student _____ Disabled _____ Health Insurance _____ None
 Part
 Full

Notes: _____

RTN: _____ ACCT#: _____ S C