

BASIC INFORMATION

Name		Spouse Name:			
Email Address:		Email Address:			
Primary Phone #:		Address:			
Alternate Phone # :		City, State, Zip Code			
	Social Security Number	Occupation	Date of Birth	Do you owe the IRS? Yes / No	
TAXPAYER				If yes, how much do you owe?	
SPOUSE				If yes, how much do you owe?	
Filing Status: <input type="checkbox"/> Single <input type="checkbox"/> Married filing joint <input type="checkbox"/> Married filing separate <input type="checkbox"/> Head of Household					
EXEMPTION INFORMATION- List everyone who lived in your home that you supported during the tax year. Do not include yourself. Your parents can be your dependent, if you provided more than half of their support (They do NOT have to live with you)					
DEPENDENTS Name (first, last)	Date of Birth	Dependent's Social Security number	Relationship	Did dependent live with you? How long?	In School? What school do they attend?

Driver's License Number:		State of Issue:	Exam/Issue Date:	Expiration Date:
Taxpayer				
Spouse:				

INCOME CHECK ALL THAT APPLY / HOW MANY? W2 ____/____ State Refunds ____/____ 1099 K ____/____ 1099 NEC ____/____ Unemployment ____/____ Retirement/Pension ____/____ Social Security ____/____ Dividends [1099-DIV] ____/____ Sale of Stock [1099-B] ____/____		HEALTHCARE Taxpayer: Do you have healthcare coverage through the Healthcare Marketplace? ____ Yes ____ No Spouse: Do you have healthcare coverage through the Healthcare Marketplace? ____ Yes ____ No Dependents: Do they have healthcare through the Healthcare Marketplace? ____ Yes ____ No
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EDUCATION TAX CREDIT 1098-T

Did you receive reimbursement for educational expenses from you or your spouse's employers? Yes / No
 If "Yes", enter the amount \$_____

NAME OF STUDENT	Name of School and Address

HOW DO YOU WANT YOUR REFUND TO RETURN? (Place mark by your choice)

	<u>Federal</u>	<u>State</u>
Paper Check (Returns to Office)	_____	_____
Electronic Mail (Comes to you in mail)	_____	_____
Your Prepaid Debit Card	_____	_____
OUR NET SPEND Debit Card	_____	_____
Direct Deposit (to your bank account)	_____	_____

RTN: _____ ACCT#: _____ Checking or Savings

CIRCLE ONE OF THE FOLLOWING

Would you like to apply for ADVANCE? **YES** **NO** **NOT VALID AFTER 2/28/23**

Disclaimer: TT/TE has no control over the approval process for the ADVANCE program.

_____ I attest that the information provided is true and accurate to the best of my knowledge. I understand that the IRS may request documentation to support the facts and figures represented herein, and that I am able to produce them should the need arise.

_____ I acknowledge and fully understand that once my tax return is submitted to the IRS there will be an additional \$200 fee for all tax documents provided after my tax return has been filed.

_____	_____	_____
Date	Taxpayer Signature	Spouse Signature