

2019 Tax Filing Information

Today's date: _____

Taxpayer's name:	Spouse's Name:
SS#:	SS#:
Date of Birth:	Date of Birth:
Phone#:	Phone#:
Address:	Email address:

Filing status:

- *Single**
- Married, filing jointly
- Married, filing separately
- Head of Household

***If filing single, and you had any biological children or parents who lived with you for more than six months of 2019, you MAY qualify to file as Head of Household. Please consult with your tax preparer.**

Did you purchase health insurance from the marketplace? yes no

Do you want to purchase the Audit Protection Program? Yes No

Do you want an organizer sent to you for your 2019 taxes? Yes No mail email

Bank information for direct deposit: _____ Checking _____ Savings

If you do not write this information down, your refund will be mailed to you.

Routing#: _____ **Account#:** _____

Signatures:

Taxpayer: _____ **Spouse:** _____