

## 2020 Tax Filing Information

Today's date: \_\_\_\_\_

|                               |                             |
|-------------------------------|-----------------------------|
| <b>Taxpayer's name:</b> _____ | <b>Spouse's Name:</b> _____ |
| <b>SS#:</b> _____             | <b>SS#:</b> _____           |
| <b>Date of Birth:</b> _____   | <b>Date of Birth:</b> _____ |
| <b>Phone#:</b> _____          | <b>Phone#:</b> _____        |
| <b>Address:</b> _____         | <b>Email address:</b> _____ |
|                               |                             |
|                               |                             |

### 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 2020, 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 2020 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: \_\_\_\_\_