EX	Please fill out front		IFORMATION	Todays date			-
Primary	Taxpayer Full Name						
ary	Occupation		Email			-	
Spous	Full Name					-	
se	Occupation		Email			_	
Marital Status on Dec 31 Never Married Divorced Widowed Separated Date of Separation							
Mailing Address ——————————————————————————————————							
	Name	DOB	If adding new child Please also provide date of birth and SSN	Relationship Son, daughter etc.	Months lived in home in 2022	Full time student	Disa- bled
YES / NO Were you or any family member on Market Place Health Care/ Obama Care at any time during the year 2022? Form 1095 - A must be provided or you tax return will be delayed by IRS.							

IRS Direct Deposit – Refund direct deposited into your checking account. Payment due at time of pick up.						
IRS Check In the mail — If you do not have a bank account, we can electronically file your tax return and have the IRS send you a check in the mail . Payment due at time of pick up.						
Electronic Refund Check or Deposit — You will pick up the check at TAX CARE or have your money deposited into your account. All fees can be deducted from the refund, so no payment would be required at the time of service. Additional \$63.95 fee above tax prep fee.						
If you choose direct deposit we need to ensure correct direct deposit account						
information each year.						
Bank name, routing and account numbers are needed.						
Please provide us with a voided check not a deposit slip.						
Please specify if checking or savings account. We need this information before being						
able to prepare your return if you choose direct deposit.						