

Akron Income Tax Co.

TAXPAYER INFORMATION FORM

Did you receive, sell, exchange or otherwise acquire any Crypto Currency? YES NO

Short Form [] Long Form [] Business [] Rental(s) [] Stocks []

General Questions-----

Filing Status

Name _____	DOB <u> </u> / <u> </u> / <u> </u>	MARRIED/Do it the best way! []
Driver License # _____	Issue Date <u> </u> / <u> </u> / <u> </u>	MARRIED/JOINT []
SS # <u> </u> - <u> </u> - <u> </u>	Expire Date <u> </u> / <u> </u> / <u> </u>	MARRIED/SEPARATE []
Spouse _____	DOB <u> </u> / <u> </u> / <u> </u>	HEAD OF HOUSEHOLD []
Driver License # _____	Issue Date <u> </u> / <u> </u> / <u> </u>	SINGLE []
SS# <u> </u> - <u> </u> - <u> </u>	Expire Date <u> </u> / <u> </u> / <u> </u>	PARENTS CLAIM ME (student) []

Current Address _____
 City/State/Zip _____

Contact Phone _____ EMAIL Address _____

What "City" if any, should we file for your local tax return? _____

Dependents -----

ALL CLIENTS

First Name of Each Dependents Please

DEPENDENTS FIRST NAME	LAST NAME <i>IF DIFFERENT</i>	Birth Date	Age On 12/31 last yr	Mths in home	SS##
_____	_____	<u> </u> / <u> </u> / <u> </u>	_____	_____	<u> </u> - <u> </u> - <u> </u>
_____	_____	<u> </u> / <u> </u> / <u> </u>	_____	_____	<u> </u> - <u> </u> - <u> </u>
_____	_____	<u> </u> / <u> </u> / <u> </u>	_____	_____	<u> </u> - <u> </u> - <u> </u>
_____	_____	<u> </u> / <u> </u> / <u> </u>	_____	_____	<u> </u> - <u> </u> - <u> </u>

Tax Form Questions-----

Yes No Did you receive a 1095 A form for your Affordable Care Act insurance?
 === Please Include 1095A Form if you received it ===

Yes No Were you notified by the IRS that you are required to complete a "Certification" for the Earned Income Credit? (EIC)

Yes No Could any other person claim your children this tax year?

Yes No Day Care? Form Enclosed? Whom to? Address? SS#? Amount?

Yes No Education Credit/Tuition Form Enclosed? What year of school? 1 2 3 4 5+

Long Form Only Questions-----

Yes No Mortgage Interest Form Enclosed?
 Yes No Real estate taxes Form Enclosed?

Other Notes
