



## Taxpayer Information

Please take a few minutes to fill out the information below

Are you a returning ACMM Consulting Client?  Yes |  No

Are there any changes in the dependent information from last year?  Yes |  No

### GENERAL INFORMATION

#### Primary Taxpayer

Full Legal Name: \_\_\_\_\_

Social Security or ITIN Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Email Address: \_\_\_\_\_

Phone Numbers: Cell \_\_\_\_\_ Work \_\_\_\_\_ Home \_\_\_\_\_

Occupation: \_\_\_\_\_ Head of the household?  Yes |  No

#### Secondary Taxpayer

Full Legal Name: \_\_\_\_\_

Social Security or ITIN Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Email Address: \_\_\_\_\_

Phone Numbers: Cell \_\_\_\_\_ Work \_\_\_\_\_ Home \_\_\_\_\_

Occupation: \_\_\_\_\_ Head of the household?  Yes |  No

**ADDITIONAL INFORMATION**

Preferred Contact Method?  English |  Spanish

Can you be claimed as a dependent by someone else?  Yes |  No

Would you like your federal or state income tax refund by direct deposited?  Yes |  No

Name of Bank: \_\_\_\_\_

Account Number: \_\_\_\_\_ Routing Number: \_\_\_\_\_

**DEPENDENTS** (or person living in your household)

Name	Relationship	Date of Birth	SSN or ITIN	Full Time Student	Disabled

**CHILDCARE INFORMATION** (please fill information below if applicable)

Provider Name	Provider Address	Provider SSN/EIN	Amount Paid

## CHECK ALL THAT APPLY AND INCLUDE DOCUMENTS

### INCOME:

(Check all that apply & include documents.)

- Employer (W-2)
- 1099-Misc
- IRAS
- Self-Employment
- Interest (1099-Int)
- Alimony
- Social Security/Retirement
- Dividends (1099-Div)
- Rental Property
- Stock/Mutual Fund sale (1099-B)
- Unemployment
- Other income not listed  
Explain: \_\_\_\_\_

### EXPENSES:

(Check all that apply.)

- Self-Employment
- Un-reimbursed by your employer
- Education
- Rental Property
- Medical/Dental care
- Union Dues
- Moving cost
- Travel
- Automobile

### CREDIT & DEDUCTIONS:

(Check all that apply.)

- Donate cash or goods to a charity?
- Pay Student Loan interest?
- Pay Child/Dependent Care expense?
- Have a Mortgage Payment? (1098)
- Make an IRA Contribution?
- Purchase a hybrid vehicle?
- Make a major taxable purchase?
- Pay Property Taxes?
- Made energy efficient improvements?

### HEALTH INSURANCE

(Check all that apply & include documents.)

- Obamacare (Marketplace)
- Employer Insurance
- Medicare or Medicaid
- Other

### MISCELLANEOUS:

(Check all that apply.)

- Sell or buy a home?
- Take an IRA or 401(k) distribution?
- Adoption expenses?
- Have household help?
- Suffer catastrophic loss?

By signing below, I confirm the information I provided is true and accurate to the best of my knowledge.

Primary Taxpayer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Secondary Taxpayer Signature: \_\_\_\_\_ Date: \_\_\_\_\_