

# TY 2023

## INTAKE/INTERVIEW & QUALITY REVIEW SHEET

# TY 2023

Please complete this form with complete and accurate information. You are responsible for the information on your tax return.\*\*\*Copies of your tax return will be printed BY REQUEST ONLY. You will be required to pick up all documents and copies(if requested) by July 1, 2024. Documents not picked up by July 1, 2024 will be destroyed. If you wish to have a paper copy of your return, please print the word "COPY" in the additional information section at the bottom of this form.

\*\*\*PLEASE PROVIDE ALL OF THE INFORMATION REQUESTED ON THIS FORM. PLEASE WRITE LEGIBLY.\*\*\*YOUR TAX RETURN CAN BE COMPLETED WITHOUT THIS INFORMATION\*\*\*

Your First Name & Middle I:			Last Name:			Phone #:			
Mailing Address:			Apt #:	City:		State:		Zip:	
Social Security #:			Email Address:						
Your Date of Birth:		Your Job Title:			Are you a U.S. Citizen?		YES	NO	
Your Driver's License #:		State:		Issue Date:		Expiration Date:			
As of December 31, 2023, what was your marital status? (Circle One)				Never Married/Single	Married	Divorced	Legally Separated	Widowed	
Spouse's First Name & Middle I:				Spouse's Last Name:					
Spouse's Social Security #:				Spouse's Phone #:					
Spouse's Date of Birth:		Spouse's Job Title:			Is your spouse a U.S. Citizen?		YES	NO	
Spouse's Driver's License #:		State:		Issue Date:		Expiration Date:			
Did you or your family have health insurance through your employer or Medicaid/Medicare?							YES	NO	
If no to the above question, did you have insurance from another source?			YES	NO	If Yes, you <b>MUST</b> provide form 1095-A or 1095-B from Marketplace				
Did you have an HSA in 2023?		YES	NO	If yes, How much did <u>you</u> contribute?		Did you have any distributions? If so, how much?			
Did you receive unemployment in 2023?		YES	NO	If yes, you <b>MUST</b> PROVIDE FORM 1099G(Statement from the State)					
Can anyone else claim you as a dependent?			YES	NO					
List the names below of anyone that you supported that did or did not live with you.									
Name(First & Last as shown on Social Security Card)		Social Security #	Date of Birth	Months in Your Home	Full Time Student?	U.S. Citizen?	Is person Disabled	Relationship to you?	Are you claiming this person?
					YES NO	YES NO	YES NO		YES NO
					YES NO	YES NO	YES NO		YES NO
					YES NO	YES NO	YES NO		YES NO
					YES NO	YES NO	YES NO		YES NO
					YES NO	YES NO	YES NO		YES NO
Do you prefer direct deposit?		YES	NO	*If yes, please provide a voided check or deposit slip. If you cannot provide either, contact your bank for that info.					
Bank Name:			Routing #:			Account #:			
Additional Information:									
Please sign here indicating your permission to complete and electronically file your return:									