

PERMANENT FILE INFORMATION SHEET

TAX YEAR _____ **Did we prepare your return last year?** **YES** **NO**
DATE _____ **Filing Status:** **JT** **S** **MFS** **HOH**

1) Name(s) _____ **DOB** _____ **SS#** _____
 _____ **DOB** _____ **SS#** _____

2) Address: _____ **3) Phone number** _____
 _____ **4) E-mail address** _____
 **Resident of which State? _____

5) List any Dependents here: **Are there any changes to dependents from prior year?** **Yes** **No**
 List changes (if any) below:
 Name _____ M / F DOB _____ SS# _____
 Name _____ M / F DOB _____ SS# _____
 Name _____ M / F DOB _____ SS# _____

Attach copy of Social Security cards for new dependents or newly married individuals

Did each dependent live in your household for the entire year? Yes No
If you are HOH, who claims your children? _____

6) Are you claimed as a Dependent on anyone else's return? Yes No
 If yes, enter your Parent/Guardian's name here _____

7) What type of *income* did you receive this year? (Check all that apply)
 _____ **W-2's** _____ **Interest Income** _____ **1099's** _____ **Other:** _____

8) What type of *expenses* did you have this year?
 _____ **Interest on School Loans (1098-E)** _____ **College Tuition (1098-T)**
 _____ **Real Estate Tax Paid** _____ **Sales Tax Paid on New Vehicle**
 _____ **Mortgage Interest Paid (1098)** _____ **Daycare-Provider's name, SS#, address & amount paid.**
 _____ **Other:** _____

9) Did you or are you going to contribute to an IRA or Roth IRA? Traditional Roth
 If so, how much did/will you contribute? \$ _____

10) Would you like your return to be Direct Deposited/Debited? Checking Savings
 Debit Date _____ Please attach copy of cancelled check.

11) Did you, your spouse, and all dependents have health insurance for ALL 12 MONTHS of the year?
 Yes **No**

12) If answer to #11 is no, who was not covered and for which months out of the year were they NOT covered.
 Name: _____ Periods not Covered: _____
 Name: _____ Periods not Covered: _____
 Name: _____ Periods not Covered: _____

13) If answer to #11 is yes, please provide one of the following documents:
Form 1095-A - You obtained Health Insurance through the "Health Insurance Marketplace"
Form 1095-B - You obtained Health Insurance **OUTSIDE** of the "Health Insurance Marketplace"

14) If you obtained insurance through the "Health Insurance Marketplace", please provide copies of 2018 tax returns filed for any dependents.