

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
2016 tax returns filed for any dependents.