JP TAX SERVICE INFORMATION FORM

Filing Status

Single Married Separated Widow(er)

TAX YEAR

	First	MI	Last		First	MI	Last
Taxpayer				Taxpayer			
SSN		Birthday:		SSN		Birthday:	
Main Phone				Main Phone			
Address				Address			
City		State		City		State	
Occupation				Occupation			

Dependents Name/Youngest First	Social Security #	Birthdate	Relationship	Months Lived In Home
More Than 3 Write on Back				

Yes	No	Are either you or your spouse legally blind?				
Yes	No	Can someone else claim you as a dependent? If Yes Name				
Yes	No	You or your spouse a resident of another state, or earned income in another state?	State (s):			
Yes	No	Did you purchase health insurance though a public exchange?				
Yes	No	Did you have any cancelation of debt including bankruptcy, forclosure or repossession?				
Yes	No	Do you have any educational or tuition expences?	Please Provide Your 1098T			

BANK INFORMATION

Direct Deposit		Account #	Routing #	Bank
Checking	Savings			

DRIVERS LICENSE OR STATE ID

State		State ID #		Issue Date		Expiration Date	
State		State ID #		Issue Date		Expiration Date	

LOCAL TAX INFO

County	Township (If Needed)	School District	OFFICE ONLY Tax Rate			
			PSD #		Percent	
			PSD #		Percent	

Notes