Taxpayer name:		**Spouse name:**	
Date of birth:		**Date of Birth:**	
SS number:		**SS number:**	
Cell phone:		**Cell phone:**	
Work phone:		**Work phone:**	
Email address:		**Email address:**	
Home phone:		**Important if you want confirmation of IRS acceptance of your tax return.**	
Mailing address:			
		New dependent:	
		Date of birth:	
		SS Number	

1. If you are a Delaware resident, are you and/or your spouse an active member of a volunteer fire company? _____
If yes, please indicate the station number of the Fire company you belong to: _____

2. If your tax return results in a refund, would you like to have it directly deposited into your bank accounts? _____
If yes, we will need your bank name, routing number and account number.

Bank Name: _____ Routing #: _____

Account #:_____ Checking _____ or Savings _____

3. I wish to receive my tax return in the following format (charges are donated to National Multiple Sclerosis Society):

Paper $5.00 _____Replacement CD $5.00 _____ Portal _____ My CD _____

Please note: Request for copies of tax returns for 3rd party use will be posted to the portal for you to download and provide to the 3rd party – we will no longer provide your information directly to a 3rd party.

4. Please indicate YES or NO if you operate a farm, LLC, business, partnership or corporation Yes _____ No _____

A. Did you make any payments in 2017 that would require you to file form(s) 1099? Yes _____ No _____
If yes, did you or will you file ALL required Forms 1099? Yes _____ No _____
B. Have you elected the written plan for 2017 for the new repairs and maintenance regulations? Yes ___ No _____
If yes, please provide us with a copy ASAP as we must attach it to your tax return
C. Do you have income from an on-line business (E-bay or Etsy) or income from Uber or Airbnb? Yes___ No _____

5. Do you have a foreign bank account or have an interest in a foreign trust? Yes _____ No _____

6. Please indicate in the boxes below whether you (and spouse & dependents) had health insurance coverage for the entire year. If not for the entire year, check the months that you had coverage.

	Entire Year	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Taxpayer													
Spouse													
Dependents:													
1													
2													
3													
4													

Signature: _____ Date:_____