

(Please Print Clearly)

TAX YEAR 2024

[Empty box]

Name _____ DOB _____ SSN _____

Spouse _____ DOB _____ SSN _____

Address _____ Apt # _____

City _____ ST _____ Zip _____ Phone _____

You can have your final tax documents emailed, uploaded to the secure portal, or printed. Please check which option you prefer.

E - Mail _____

FILING STATUS - Only check one box. If you're unsure, leave blank and we'll contact you.

Single

Head of Household**

Married / Joint

Married / Separately

** If filing as Head of Household, would you be able to provide proof that you are unmarried and provide more than half the cost of keeping up a home for a qualifying person if requested by the IRS?

YES NO

OTHER REQUIRED INFORMATION

- 1. Were you or anyone on your tax return covered through the Marketplace or Exchange (ObamaCare) in 2024?..... YES NO
- 2. Are you currently in default on a student loan, child support, or owe back taxes to the IRS or the State Tax Commission? YES NO
- 3. Did the taxpayer have any interest or authority over any foreign account or trust in 2024? YES NO
- 4. At any time during 2024, did the taxpayer receive, dispose, exchange, or gift any digital assets? YES NO

EDUCATION CREDIT- College Students only

Student's Name _____

- 1. Are you or any of your dependents enrolled in college full time and received a 1098-T form from the school? YES NO
- 2. Has the Hope Scholarship Credit or American Opportunity Tax Credit (AOTC) been claimed for this student for a total of 4 times during any prior years? YES NO
How many years the education credit (AOTC) has been taken? _____
- 3. Was the student enrolled at least half-time for at least one academic period that began in 2024 at an eligible education institution in a program leading toward a college degree, certificate, or other recognized postsecondary educational credential? YES NO
- 4. Did the student complete the first 4 years of college education before 2024? YES NO
- 5. Was the student convicted before the end of 2024 of a felony for possession or distribution of a controlled substance? YES NO

FOR OFFICE USE ONLY - DO NOT WRITE BELOW THIS LINE.

AOTC (Alt - O) \$ _____ LLC (Alt - L) \$ _____

Did the student receive Form 1098-T from the institution for 2024YES NO

Did the student receive Form 1098-T from the institution for 2023 with box 2 filled in and box 7 checked?YES NO

Mother's Maiden Name _____

DEPENDENTS - IF CLAIMING DEPENDENTS FILL OUT THE FOLLOWING SECTIONS

1. First _____ Last _____ SSN _____
 DOB _____ The dependent's relationship to you _____
 Amount of daycare paid by you _____ Number of months in 2024 this child lived with you _____
 Is this your biological child? _____ Could another person **qualify** to claim this child? _____
 If yes, their name and relationship to the child _____
 Please check the following boxes for documents you **would** be able to provide to show that the dependent lives in the home with you if the IRS were to ask?
 School Records Medical Records Daycare Records Letter*
 Social Services (DHS) Landlord Statement Employer Statement

2. First _____ Last _____ SSN _____
 DOB _____ The dependent's relationship to you _____
 Amount of daycare paid by you _____ Number of months in 2024 this child lived with you _____
 Is this your biological child? _____ Could another person **qualify** to claim this child? _____
 If yes, their name and relationship to the child _____
 Please check the following boxes for documents you **would** be able to provide to show that the dependent lives in the home with you if the IRS were to ask?
 School Records Medical Records Daycare Records Letter*
 Social Services (DHS) Landlord Statement Employer Statement

3. First _____ Last _____ SSN _____
 DOB _____ The dependent's relationship to you _____
 Amount of daycare paid by you _____ Number of months in 2024 this child lived with you _____
 Is this your biological child? _____ Could another person **qualify** to claim this child? _____
 If yes, their name and relationship to the child _____
 Please check the following boxes for documents you **would** be able to provide to show that the dependent lives in the home with you if the IRS were to ask?
 School Records Medical Records Daycare Records Letter*
 Social Services (DHS) Landlord Statement Employer Statement

4. First _____ Last _____ SSN _____
 DOB _____ The dependent's relationship to you _____
 Amount of daycare paid by you _____ Number of months in 2024 this child lived with you _____
 Is this your biological child? _____ Could another person **qualify** to claim this child? _____
 If yes, their name and relationship to the child _____
 Please check the following boxes for documents you **would** be able to provide to show that the dependent lives in the home with you if the IRS were to ask?
 School Records Medical Records Daycare Records Letter*
 Social Services (DHS) Landlord Statement Employer Statement

***The letter must be on official letterhead from one of the following: school, medical provider, social service agency, place of worship, or other acceptable entity (not from the parent of the child).**

RELATIONSHIP

COMPLETE ONLY IF THE RELATIONSHIP IS NOT YOUR BIOLOGICAL CHILD.

1. FOSTER CHILDREN:
 Do you have a letter from the authorized placement agency or applicable court documentation that the child is your foster child?.....YES NO
2. BROTHER, SISTER, NIECE, NEPHEW, GRANDCHILD, GREAT-GRANDCHILD:
 Can you provide birth certificates that verifies your blood relationship to the child?.....YES NO
3. STEPCHILDREN OR DESCENDENT OF THEM, STEP-GRANDCHILDREN:
 Can you provide birth certificates & a marriage certificate verifying your relationship to the child?.....YES NO
4. Why aren't the biological parents of the child(ren) not claiming their own child(ren)?
