



Tax Preparation Main Information Sheet

Personal Info: (Please Print)

Taxpayer First Name: _____ MI: ____ Last Name: _____

SSN: _____ DOB: _____ Email: _____

Spouse First Name: _____ MI: ____ Last Name: _____

SSN: _____ DOB: _____ Email: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Dependent Information

Name (First & Last)	DOB	Social Security #	Relationship	Months lived with you	Full-Time Student	Total Disabled

1. Did you provide more than half of the support for the dependents listed above? YES or NO
2. Have you ever had Earned Income (EIC) disallowed by the IRS? YES or NO
3. Would you like for your refund to be direct deposited into your bank account? If yes....
4. Routing Number _____ Account # _____
5. How did you hear about Renew You Tax Service? (Person's Name) _____
6. Did you receive insurance through the Marketplace / Obamacare?
7. YES or NO If YES, please include your 1095A Healthcare Form.
8. 10. Are you in need of Credit Repair Services? YES or NO
9. 11. Are you in need of Final Expense and/or Life Insurance Policy? YES or NO
10. Please sign this document stating the information above is correct to the best of your knowledge:
11. Your Signature: _____ Spouse Signature: _____