



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....
Routing Number _____ Account # _____
4. How did you hear about Renew You Tax Service? (Person's Name) _____
5. **(New Client ONLY)** Please provide your last year 2019 total income (AGI) _____
6. Did you receive insurance through the Marketplace / Obamacare?
YES or NO if if YES Please include your 1095A Healthcare Form.
7. Did you receive the (EIP 1) known as Stimulus Payment sent out beginning in April 2020?
YES or NO..... if YES enter the amount. _____
8. Did you receive the (EIP 2) known as Stimulus Payment sent out beginning in December 2020?
YES or NOif YES enter the amount. _____
9. Did you receive any unemployment during the 2020 Tax year? YES or NO
10. Are you in need of Credit Repair Services? YES or NO



Cost of Keeping Up a Home Keep for Your Records

To qualify for head of household status, you must pay more than half of the cost of keeping up a home for the year. You can determine whether you paid more than half of the cost of keeping up a home by using

Property taxes	\$ _____	\$ _____
Mortgage interest expense	\$ _____	\$ _____
Rent	\$ _____	\$ _____
Utility charges	\$ _____	\$ _____
Repairs/maintenance	\$ _____	\$ _____
Property insurance	\$ _____	\$ _____
Food eaten in the home	\$ _____	\$ _____
Other household expenses	\$ _____	\$ _____
Totals	\$ _____	\$ _____
Minus total amount you paid.....		(_____)
Amount others paid		\$ _____

If the total amount you paid is more than the amount others paid, you meet the requirement of paying more than half the cost of keeping up the home.

Please sign this document stating the information above is correct to the best of your knowledge:

Your Signature: _____ Spouse Signature: _____

Date: _____