



## 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. Did you receive insurance through the Marketplace / Obamacare? YES or NO ..... If YES, please include your 1095A Healthcare Form.
6. Are you in need of Credit Repair Services? YES, or NO?
7. Are you in need of Final Expense and/or Life Insurance Policy? YES, or NO?
8. Please sign this document stating the information above is correct to the best of your knowledge:

Your Signature: \_\_\_\_\_ Spouse Signature: \_\_\_\_\_

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