

Taxpayer name _____ Spouse's name _____ Date _____

Who is the **primary contact** for questions about your tax return? (**Circle one**): Taxpayer Spouse Other _____

Primary contact phone number _____ Email _____

Changes since your last tax return (if any):

Address _____ City, State, Zip _____

Phone (2nd contact person) _____ Email (2nd contact person) _____

New employer or occupation (taxpayer) _____ New employer or occupation (spouse) _____

Marital status on Dec. 31, 2019 _____ Other changes _____

During 2019, did you:

1. Have a new baby, a child that left home, or other changes in your dependents? Y N
2. Live with each of your dependents all year (except for time away at college)? Y N NA
3. Buy or sell any real estate? Y N
4. Refinance a mortgage? Y N
5. Have **any** health insurance from healthcare.gov ObamaCare? Y N
6. Did you receive, sell, send, exchange or otherwise acquire any financial interest in virtual currency? Y N
7. Are you sure we have a document for every type of income you had this year? Y N
8. Are there any new sources of income (investments, Social Security, unemployment, etc.)? _____
9. Can you think of anything else that might affect your 2019 taxes? _____

Major changes expected in your 2020 tax situation (if any): _____

Refund (check one):

_____ Mail me a **paper check**

_____ Direct deposit to **same account as last year's refund**

_____ Direct deposit to this bank account:

Bank name _____

Account number _____

If there is a Balance Due (check one):

_____ I will mail in a **paper check**

_____ Please contact me about electronic payment options

Circle one: Checking Saving

Routing number (9 digits) _____

Notes _____

