Interview Review Sheet **Direct Deposit Information: Routing #** **Account #**

You will need:

* **Tax information such as forms W-2, 1099, 1098, 1095**
* **Social security cards or ITIN letters for all persons on your tax return**
* **Picture ID for you and your spouse**

Signature: _____

Date: _____

You are responsible for the information on your return.

Personal Information

Your first name	M.I.	Last name	Social Security Number	Telephone number	Are you a U.S. citizen? YES ☐ NO ☐
Your spouse's first name	M.I.	Last name	Social Security Number	Telephone number	Are you a U.S. citizen? YES ☐ NO ☐

Mailing address	City	State	Zip code

email address: Best time to call:

Your Date of Birth	Your job title	Last year, were you: b. Totally and permanently disabled? YES ☐ NO ☐	a. Full-time student? YES ☐ NO ☐ b. Legally blind? YES ☐ NO ☐
Your spouse's Date of Birth	Your spouse's job title	Last year, was your spouse: b. Totally and permanently disabled? YES ☐ NO ☐	a. Full-time student? YES ☐ NO ☐ b. Legally blind? YES ☐ NO ☐

Can anyone claim you or your spouse on their tax return? YES ☐ NO ☐ UNSURE ☐

Have you or your spouse a. Been a victim of identity theft? YES ☐ NO ☐ b. Adopted a child? YES ☐ NO ☐

Marital Status and Household Information

As of December 31, 2016 were you:

☐ Unmarried (This includes registered domestic partnerships, civil unions, or other formal relationships under state law)

☐ Married
a. If Yes, Did you get married in 2016 ? YES ☐ NO ☐
b. Did you live with your spouse during any part of the last six months of 2016? YES ☐ NO ☐

☐ Divorced Date of final decree _____

☐ Legally Separated Date of separate maintenance agreement _____

☐ Widowed Date of spouse's death _____

List the names below of everyone who lived with you last year (other than your spouse) AND anyone you supported but did not live with you last year

Dependent's Name(s) First & Last Do not enter your name or your spouse's name	Social Security Number	Date of Birth	Relationship to you (son, daughter, parent, none, etc.)	Number of months lived in your home last year	Totally and Permanently Disabled (yes/no)	Full-time Student last year (yes/no)	Name of College (if applicable)	Single or Married as of 12/31/16 (S/M)	US Citizen (yes/no)