



1. PERSONAL INFORMATION

Name		SSN or ITIN	Date of Birth	Date of Death	Occupation	Blind	Disabled
Taxpayer						<input type="checkbox"/>	<input type="checkbox"/>
Spouse						<input type="checkbox"/>	<input type="checkbox"/>
Street Address		Apt.	City or town	State	Zip Code	County	
Foreign country		Foreign province/state			Foreign postal code		
E-mail Address(es)				Home Phone		Mobile Phone	
Spouse's E-mail Address(es)				Spouse's Mobile Phone			

2. FILING STATUS

Single Check if parent (or someone else) can claim you as a dependent on their return.
 Married Filing Joint
 Married Filing Separate Check if you lived apart from your spouse for all of 2023.
 Head of Household
 Qualifying Widow(er) Year spouse died: _____

3. DEPENDENTS

Name	Relationship	Date of Birth	SSN or ITIN	Months Lived With You	Disabled	Full Time Student	Dependent's Gross Income	Child Care Expenses Paid
					<input type="checkbox"/>	<input type="checkbox"/>		
					<input type="checkbox"/>	<input type="checkbox"/>		
					<input type="checkbox"/>	<input type="checkbox"/>		
					<input type="checkbox"/>	<input type="checkbox"/>		
					<input type="checkbox"/>	<input type="checkbox"/>		

4. REFUND INFORMATION

1. Would you like to have any refunds directly deposited into your bank account? Yes No

<p>Bank Account Ownership <input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse <input type="checkbox"/> Joint Type <input type="checkbox"/> Checking <input type="checkbox"/> Savings Bank name _____ Routing number _____ Account number _____ Account outside the jurisdiction of the United States? <input type="checkbox"/> Yes</p>	<p>Bank Account Ownership <input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse <input type="checkbox"/> Joint Type <input type="checkbox"/> Checking <input type="checkbox"/> Savings Bank name _____ Routing number _____ Account number _____ Account outside the jurisdiction of the United States? <input type="checkbox"/> Yes</p>
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5. IDENTIFICATION INFORMATION

<p>Taxpayer Type of ID: <input type="checkbox"/> Driver's license <input type="checkbox"/> State-issued ID <input type="checkbox"/> No ID ID number _____ Location of issuance _____ Issue date _____ Expiration date _____</p>	<p>Spouse Type of ID: <input type="checkbox"/> Driver's license <input type="checkbox"/> State-issued ID <input type="checkbox"/> No ID ID number _____ Location of issuance _____ Issue date _____ Expiration date _____</p>
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Please indicate where you received your health insurance from for all members of your tax household.

Employer Government-Sponsored Marketplace Private Exchange (Individual Insurance Company)



2024 Tax Prep Rates

Personal Tax Preparation

IRS & State Tax Return

80.00	1-2, income sources (no dependents)
100.00	1-6, income sources (with dependents)
25.00	Each Additional Income Source (more than 6)
25.00	Each additional state tax return
No Charge	Dependent tax returns (teens on your return)
200.00	Schedule C (small business)
200.00	Rental Income
600.00	Profit & Loss from bank transaction download

- Examples of an income source: W2s, Social Security, Retirement, Dividends, interest income, 1099s etc.
- We need your tax info by June 1st, for these rates.

S-Corp - Partnership – Non Profit - Business Tax Return

1200.00	Profit & Loss
	- Client Supplies Bank Download of transactions
	- Save money and provide your own P&L
500.00	IRS & State Business Tax Return

- We can file & send out your 1099s or W2s for 25.00 each
- Client provides all info

- *Our software will not allow taxes to be filed until our invoice is paid. This will not make us responsible for late filing.
- *Our fees cannot be deducted from your refund.
- *We accept Cash, Check, VENMO, or credit cards.