



Please review and only complete areas that have changed from your 2015 tax return.

Filing Status	<input type="checkbox"/> Single <input type="checkbox"/> Married-Joint <input type="checkbox"/> Married-Separate <input type="checkbox"/> Head of Household <input type="checkbox"/> Qualifying Widow(er)		
	Married Filing Separate and lived with spouse <input type="checkbox"/>		
Taxpayer	First and Last Name _____		
	Last Four of Social Security Number _____	Current Occupation: _____	
	Blind <input type="checkbox"/>	Date of Death (M/D/Y) (if applicable) _____	
	Retired/Active Military <input type="checkbox"/>	Military Branch _____	
Spouse	First and Last Name _____		
	Last Four of Social Security Number _____	Current Occupation: _____	
	Blind <input type="checkbox"/>	Date of Death (M/D/Y) (if applicable) _____	
	Retired/Active Military <input type="checkbox"/>	Military Branch _____	
Did you move or relocate in 2016? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide updated address: _____			
Dependents	Please list all dependents to be claimed on the 2016 tax return. If dependent has never been filed on your return, please complete the enclosed dependent worksheet.		
Taxpayer Contact Information	Home Phone _____		
	Work Phone & Extension _____		
	Mobile Phone & Provider _____		
	Please check if okay to text appointment details or status updates <input type="checkbox"/>		
	Email Address * _____		
Preferred Contact Method _____			
Spouse Contact Information	Home Phone _____		
	Work Phone & Extension _____		
	Mobile Phone & Provider _____		
	Please check if okay to text appointment details or status updates <input type="checkbox"/>		
	Email Address* _____		
Preferred Contact Method _____			
Did you change bank accounts in 2016? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, please complete the section below)			
Banking Information	Bank Name _____		
	Account Type	<input type="checkbox"/> Checking <input type="checkbox"/> Savings	
	Routing Number _____		
	Account Number _____		
Used to directly deposit refunds (if applicable)			
Did you have any of the following in 2016? Please check all that apply.			
<input type="checkbox"/> Have a Health Savings Account (HSA)?			
<input type="checkbox"/> Open or Start a business?			
<input type="checkbox"/> Buy, sell or have a foreclosure of your home?			
<input type="checkbox"/> Have debt from a mortgage or credit card cancelled/forgiven by a commercial lender?			
<input type="checkbox"/> Purchase and install energy-efficient home items? (such as windows, furnace, insulation, etc.) _____			
<input type="checkbox"/> Make estimated tax payments or apply last year's refund to this year's tax? If so, how much? _____			

By signing below, I verify that I have provided updated information for all items that changed from my 2015 tax return.

Printed Name

Signature

Date