Client Information

Name DOB

Social Security

Address

City State Zip Code

Telephone number (H) (C)

Status (circle one): **Head of Household, Single, MFJ, MFS, Qualifying Widow**

**Did you receive Covid-19 Unemployment/PUA? Yes or No**

**Are you applying for the Advance Loan? Yes or No**

**Dependents who stayed in your home for more than half of the year:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| First Name, Middle  | Last Name | DOB | Social Security | Relationship | Months in Home |
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Will you be receiving your refund via **a printed check, direct deposit,** or **prepaid card**?

Direct Deposit: Routing Account number

**Savings or Checking? (circle one)**

I Certify that, to the best of my knowledge and beliefs, the information provided here is true and correct.

Signature of taxpayer Date: