

Print this form out or fill through adobe, take some time to fill it out, and upload it to the portal or bring it with you when you come to the office.

Tax Return Questionnaire

Name and Address:		Occupation	
Taxpayer:			
Address:			
Spouse:			
Address:			
Phone Numbers		Home:	Work:
Email Address:			

Do you wish \$3 to go to the Presidential Election Campaign? (Tax amount not affected) Yes No

Filing Status: Single Married Head of Household Qualifying Widow

Birth Date: Month, Day, Year **Yourself:** ___ / ___ / ___ **Spouse:** ___ / ___ / ___

DEPENDENTS:

Name (First, Initial, Last)	Income Over \$2,200? (Y/N)	Date of Birth	Relationship	Months Lived in Home

HEALTH INSURANCE COVERAGE:

Please indicate any months that a member of your "tax family" was **NOT** insured.

Name: _____
Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec

Name: _____
Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec

Name: _____
Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec

Name: _____
Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec

