

TAXPAYER QUESTIONNAIRE

TAXPAYER NAME:	SPOUSE NAME:
SOCIAL SECURITY NUMBER:	SOCIAL SECURITY NUMBER:
ADDRESS:	ADDRESS:
TELEPHONE NUMBERS: HOME _____ CELL _____	TELEPHONE NUMBERS: HOME _____ CELL _____
EMAIL:	EMAIL:
OCCUPATION:	OCCUPATION:

FILING STATUS:
<input type="checkbox"/> SINGLE <input type="checkbox"/> HEAD OF HOUSEHOLD <input type="checkbox"/> MARRIED (JOINT OR SEPARATE) <input type="checkbox"/> QUALIFYING WIDOW

DEPENDENTS:			
FIRST AND LAST NAME	SOCIAL SECURITY NUMBER	DATE OF BIRTH	RELATIONSHIP

CHILDCARE EXPENSES:	
Do you have childcare expenses?	
Name and address of provider:	
Federal ID Number:	Amount:

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ADDITIONAL TAX SITUATIONS:	YES	NO
Is the taxpayer self-employed?		
Taxpayer can be claimed as a dependent on someone else's tax return.		
Taxpayer was over age 18 and a full-time student at an eligible educational institution.		
Taxpayer is blind.		
Taxpayer is deceased.		
Taxpayer wishes to contribute \$3 to the Presidential Election Campaign Fund.		
Taxpayer or Spouse served in a combat zone during the current tax year.		
Taxpayer was affected by a natural disaster during the current tax year.		
Taxpayer received, sold, exchanged, gifted, or disposed of a digital asset (or financial interest in a digital asset) in the current tax year.		

IDAHO GROCERY CREDIT	YES	NO	NUMBER OF MONTHS
Was the taxpayer a resident in any state other than Idaho?			
Did the taxpayer receive any food stamps?			
Was the taxpayer incarcerated?			
Was the taxpayer in the United States illegally?			

REFUND OPTIONS: (Select one)

Mailed Check

Faster Money Discover Prepaid Card

Direct Deposit

Bank Name: _____ Routing: _____ Checking: _____

