

Name	Social Sec #	Birthdate	Relationship
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____

(Use back of form for additional dependents)

Current Address: _____

Cell /LL Phone # _____ School District _____

Filing Status: Single Married filing Jointly Married filing Separate* Head of Household

*Provide spousal information on back of form when filing "Married filing Separate".

(Name, SS#, Birthdate and months that you resided together during the tax year 2021)

Claimed on another Return? Yes / No Name of Parent / Guardian _____

Student Loan Interest Amount _____ College _____ Year of Study _____

3rd Stimulus Payment (Ltr 6475) \$1400 per person (Around March/April of 2021)? Yes / No Total _____Advance Child Tax Credit Pymts (Ltr 6419) See [IRS.Gov/credits-deductions/child-tax-credit](https://www.irs.gov/credits-deductions/child-tax-credit)

Select "Manage Advance Payments" to obtain information needed. Total Payments _____

Work Related Expense Totals: (License fees, Union Dues, Clothing, Tools) _____

Charitable Contributions Total: _____ (up to \$600.00 in qualified donations).

Health Insurance Coverage for 2021 Yes / No Insurance Company _____

Banking: Same as last year? Yes / No If "No" please provide the following or voided check:

Bank Name _____ Routing# _____ Account# _____

ONE "IN-TAKE" FORM IS NEEDED FOR EACH FEDERAL TAX RETURN. Federal and State Returns will be eFiled. Local taxes, if applicable, will be completed and **customer will need to mail the completed form** to their local office. **Property and Rebate forms** submitted and completed **will need mailed in.**

There is a **minimum \$20.00 Donation** requested for each Federal Return. Donations will be going to non-profit organizations in our community and around the world.

You are responsible for providing all the necessary tax documents for the New Life Tax Team. Any amendments needed to your tax return, due to incomplete information provided, will require an additional \$20.00 donation.

Submitted by: _____ Date: _____

Email address _____ (For Tax Team Use Only)

MORE INFORMATION NEEDED ON THE BACK OF THIS SHEET**Facebook:** New Life Worship Center Tax Team**Scott Seifer:** 814.215.1933**Email:** sseifer@hotmail.com

How many of each:

W-2 -

1099R -

1099G -

1099SA -

1099-MISC/NEC

Other, Please list -