



	Name	DOB	SS#	Occupation
Taxpayer		/ /	- -	
Spouse		/ /	- -	

Address		County		
			School District	

Email		Phone	() -
Email		Phone	() -

Can you be claimed as a dependent on another return:

Dependent	Name	DOB	SS#	Relationship	Student
		/ /	- -		<input type="checkbox"/>
		/ /	- -		<input type="checkbox"/>
		/ /	- -		<input type="checkbox"/>
		/ /	- -		<input type="checkbox"/>
		/ /	- -		<input type="checkbox"/>

Do you have any of the following (Check all that Apply)

Own a Home	<input type="checkbox"/>	Military	<input type="checkbox"/>
Own Rental Property	<input type="checkbox"/>	Volunteer Fire Fighter/EMT	<input type="checkbox"/>
Investment Income	<input type="checkbox"/>	Claimed 1st time Homebuyer in 2008	<input type="checkbox"/>
Foreign Income	<input type="checkbox"/>	Itemized Last Year	<input type="checkbox"/>
Education Expenses	<input type="checkbox"/>	(If Yes) Did you receive a State Refund?	<input type="checkbox"/>
Taxpayer	<input type="checkbox"/>	Health Insurance through Marketplace	<input type="checkbox"/>
Spouse	<input type="checkbox"/>	High Deductible Insurance Plan (HSA)	<input type="checkbox"/>
Dependent	<input type="checkbox"/>	Virtual Currency (Crypto)	<input type="checkbox"/>
Own a Business	<input type="checkbox"/>	Previous Year Tax Returns Available	<input type="checkbox"/>
Student Loan Interest	<input type="checkbox"/>	Direct Deposit Refund (If applicable)	<input type="checkbox"/>
IRA Contributions	<input type="checkbox"/>		

May We Contact You By: Mail Email Phone Cell Text

How Did You Hear About JD FINANCIAL? _____