

PERSONAL TAX RETURNS - 1040

Was any of your 2020 health insurance coverage through the Healthcare.gov/ ACA Marketplace? (Yes/No)

Did you receive a stimulus check? (Yes / No) First Amount: \$_____ Second Amount: \$_____

Current Client : Yes or No Whom may we thank for referring you? _____

Filing Status (please circle): Single Married Filing Joint Married Filing Separate Head of Household

Social Security #: Taxpayer: / / Spouse: / /

Name: (T) _____ (S) _____

Birthdate: (T) _____ (S) _____

Physical Address: _____

City/State/Zip: _____

Mailing Address (if different): _____

Best Contact Number: (T) _____ (S) _____

Email: (T) _____ (S) _____

Occupation: (T) _____ (S) _____

WHO IS THE BEST CONTACT PERSON? _____

Would you like to receive text message updates? Yes No

DEPENDENTS

NAME (as on SS Card)	Date of Birth	Social Security Number	Relationship
1	/ /	- -	
2	/ /	- -	
3	/ /	- -	
4	/ /	- -	

Would you like your refund deposited or your liability drafted out of your bank account? If yes, include a VOIDED check.

SIGNATURE REQUIRED: By your signature below, you are certifying that all of the information is accurate to the best of your knowledge.

X _____ Date _____

ADDITIONAL INFORMATION

REQUIRED: Taxpayer and Spouse signatures are required on all e-File Signature Authorization forms prior to Davis & Associates, CPA submitting all Personal and Corporate Returns.