



This information will help with the preparation of your tax return. **The taxpayer bears sole responsibility for the information provided in the preparation of their return.** Please **print** legibly using **black ink** to fill in the information below.

**1 TAXPAYER INFORMATION**

**SPOUSE INFORMATION**

Full Name (on SSN card) \_\_\_\_\_ Full Name (on SSN card) \_\_\_\_\_
SSN \_\_\_\_\_ SSN \_\_\_\_\_
Date of Birth \_\_\_\_\_ Date of Birth \_\_\_\_\_
Blind  Yes  No Disabled  Yes  No Blind  Yes  No Disabled  Yes  No
Occupation \_\_\_\_\_ Occupation \_\_\_\_\_
Home Phone ( ) \_\_\_\_\_ Home Phone ( ) \_\_\_\_\_
Work Phone ( ) \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_
Cell Phone ( ) \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_
Email Address \_\_\_\_\_ Email Address \_\_\_\_\_
Can someone claim you as dependent?  Yes  No Can someone claim you as dependent?  Yes  No

**2 IDENTITY VALIDATION**

Drivers License/ID# \_\_\_\_\_ Drivers License/ID# \_\_\_\_\_
State \_\_\_\_\_ Exp Date \_\_\_\_\_ State \_\_\_\_\_ Exp Date \_\_\_\_\_

**3 ADDRESS**

Address \_\_\_\_\_ Address \_\_\_\_\_
City \_\_\_\_\_ City \_\_\_\_\_
State \_\_\_\_\_ Zip \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

List all the states you have lived or worked in during 2007: \_\_\_\_\_

TaxOne will prepare your **federal and state return**, if applicable.

**4 MILITARY INFORMATION**

Federal law provides important protections to active duty members of the Armed Forces and their dependents. To ensure that these protections are provided to eligible applicants, please initial the following:

I AM, or MARRIED TO, or A DEPENDENT OF,\* a regular or reserve member of the Army, Navy, Marine Corps, Air Force, or Coast Guard, serving on active duty under a call or order that does not specify a period of 30 days or fewer.

Yes \_\_\_\_\_ No \_\_\_\_\_

**5 MARITAL STATUS**

On **December 31, 2007**, were you:

Single  Married  Divorced, Date of: \_\_\_\_\_
 Separated, Number of Months in 2007: \_\_\_\_\_  Widowed, Year of Death: \_\_\_\_\_

If not married, did you pay over half the cost of keeping up a home in which you lived and in which another person lived?  Yes  No If yes:

Name \_\_\_\_\_ SSN \_\_\_\_\_
Relationship \_\_\_\_\_ Number of Months in 2007 \_\_\_\_\_

\*Refer to page 2 for the definition of a dependent.

Taxpayer Initial \_\_\_\_\_ Spouse Initial \_\_\_\_\_

Please complete the following questions that apply to you. Detailed information is available online at [www.taxone.com](http://www.taxone.com) or call **1-866-622-4829**. A line item has been noted by each section for quick reference when using the online organizer.

**6 DEPENDENT INFORMATION** (If applicable)

*NOTE: Only list those individuals who meet the dependent definition below.*

First Name from SSN card _____	First Name from SSN card _____
Last Name from SSN card _____	Last Name from SSN card _____
Date of Birth _____	Date of Birth _____
SSN _____	SSN _____
Relationship _____ Months in home in the U.S. ____	Relationship _____ Months in home in the U.S. ____
Amount paid to child care provider _____	Amount paid to child care provider _____
Disabled <input type="radio"/> Yes <input type="radio"/> No	Disabled <input type="radio"/> Yes <input type="radio"/> No
Full-time College Student <input type="radio"/> Yes <input type="radio"/> No	Full-time College Student <input type="radio"/> Yes <input type="radio"/> No
First Name from SSN card _____	First Name from SSN card _____
Last Name from SSN card _____	Last Name from SSN card _____
Date of Birth _____	Date of Birth _____
SSN _____	SSN _____
Relationship _____ Months in home in the U.S. ____	Relationship _____ Months in home in the U.S. ____
Amount paid to child care provider _____	Amount paid to child care provider _____
Disabled <input type="radio"/> Yes <input type="radio"/> No	Disabled <input type="radio"/> Yes <input type="radio"/> No
Full-time College Student <input type="radio"/> Yes <input type="radio"/> No	Full-time College Student <input type="radio"/> Yes <input type="radio"/> No
<input type="radio"/> Check if sheet is attached for additional dependents.	

**DEPENDENT DEFINITION** - Generally you can claim a person as your dependent if he/she meets the following requirements:

**Qualifying Child** - 1) A dependent is your child, brother, sister, or descendent of such; 2) Is under 19 at the end of 2007 (under 24 if a student, or any age and permanently disabled); 3) Did not provide for more than half of his/her own support; 4) Is a U.S. citizen, national, resident alien, or resident of Canada or Mexico; 5) Is not married; and 6) Lived with you for more than half of the year.

**OR**

**Qualifying Relative** - 1) Is a relative or lived with you for the entire tax year 2) Taxpayer must have provided over half of his/her support and 3) Is a U.S. citizen, national, resident alien, or resident of Canada or Mexico; 4) Is not married; 5) He/she cannot have gross income over \$3400; and 6) Lived with you for more than half of the year, if not related must have lived in the household for the entire year.

There are exceptions to the above rules, but if he/she does not meet all of the requirements above or if you have questions please call **1-866-622-4829**.

**7 INCOME AND EXPENSES**

Did you, or anyone in your home, **receive** or **pay** any of the following:

a. Form W-2	How many _____	f. Form SSA-1099	How many _____
b. Form W-2G	How many _____	g. Form 1099-INT, 1099-OID	How many _____
c. Form 1099-G	How many _____	h. Form 1099-DIV	How many _____
d. Form 1099-MISC	How many _____	i. Form 1098-T	How many _____
e. Form 1099-R	How many _____	j. Student Loan Interest	Amount _____

k. Did you receive any **income** not noted above (e.g. *tips, alimony, jury duty pay, self-employment, railroad benefits, etc.*)?  
 Yes  No If yes, please note information and other forms: \_\_\_\_\_

l. Do you have other **expenses** not noted above (e.g. *mortgage, alimony, jury duty pay to employer, retirement savings, medical, etc.*)?  
 Yes  No If yes, please note information and other forms: \_\_\_\_\_

**NOTE: If you are unsure about a particular income or expense item, please list it anyway as it is important to report all items. For more information, please refer to [www.taxone.com](http://www.taxone.com) or call 1-866-622-4829.**

Please complete the following questions that apply to you. Detailed information is available online at [www.taxone.com](http://www.taxone.com) or call 1-866-622-4829. A line item has been noted by each section for quick reference when using the online organizer.

**8 CHILD CARE EXPENSES**

Did you pay a child care provider for days when you were working or going to school?  Yes  No  
If yes, information for **every field** is required.

Provider Name \_\_\_\_\_ Provider Name \_\_\_\_\_  
Address \_\_\_\_\_ Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_  
EIN or SSN \_\_\_\_\_ EIN or SSN \_\_\_\_\_  
Amount Paid this Provider \_\_\_\_\_ Amount Paid this Provider \_\_\_\_\_

Check if sheet is attached for additional providers.

**9 EARNED INCOME CREDIT (EIC) CHECKLIST**

- Do you, or your spouse, or any of your dependents, have an SSN that is not valid for employment?  Yes  No
- Was the taxpayer a nonresident alien for any part of the year?  Yes  No
- Could you, or your spouse if filing jointly, be the qualifying child of any other person in 2007?  Yes  No
- Did your qualifying child(ren) live with you in the U.S. for over half of the year?  Yes  No
- Could anyone else claim your qualifying child as a dependent?  Yes  No  
If yes, what is the child's relationship to the other person? \_\_\_\_\_
- If the tie-breaker rules applied would the child be treated as YOUR qualifying child?  Yes  No
- Was your, and your spouse's if filing jointly, main home in the U.S. for more than half the year?  Yes  No
- Has your Earned Income Credit ever been disallowed?  Yes  No

**NOTE: If you have any questions, call 1-866-622-4829.**

**10 DUE DILIGENCE FOR EIC PURPOSES**

Who provided the information for this return?  
 Taxpayer  Spouse  Power of Attorney  Other \_\_\_\_\_ (Relationship) \_\_\_\_\_

**COMMENTS**

If necessary, please include any notes for the tax preparer. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SIGNATURES**

What phone number should we call if we have questions? \_\_\_\_\_ Taxpayer or Spouse (circle one)

**Please bring the following with you:**  Tax Forms  Social Security Card(s)/ITIN(s)  Government Issued Photo I.D.

Check if you need your documents in Spanish.

If you have any questions, visit our website at [www.taxone.com](http://www.taxone.com) or call 1-866-622-4829.

**I DECLARE, that to the best of my knowledge and belief, the information I have provided on these forms is true and correct.**

\_\_\_\_\_  
TAXPAYER'S SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SPOUSE'S SIGNATURE

\_\_\_\_\_  
DATE