

Primary Name (as shown on SS Card):				Spouse Name (as shown on SS Card):					
Last 4 of SSN: XXX-XX-		Date of Birth (MM/DD/YYYY):		Last 4 of SSN: XXX-XX-		Date of Birth (MM/DD/YYYY):			
Drivers License #		State	Issue Date	Expire Date	Drivers License #		State	Issue Date	Expire Date
Email Address:				Email Address:					
Occupation:				Occupation:					
Are you a dependent of another taxpayer?:				Are you a dependent of another taxpayer?:					
Address:			City:		State:		Zip Code:		
Marital Status:		If married, live together (Yes/No)?		State of Residence:		Phone (Day):		Phone (Evening):	

Dependent Name <small>(First, M.I., Last) as shown on SS Card</small>	Date of Birth <small>MM/DD/YYYY</small>	Social Security Number	Relationship <small>Son=S Daughter=D Grandchild=G Other=O (Specify) None=N Foster Child=F</small>	If S, D, G or F - Where do parents live?	Months lived in your home in 2019?	Can anyone else claim this child for Earned Income Tax Credit (EITC)?
1.						
2.						
3.						
4.						

Please ✓ check all the following Income & Expenses that you have this year:

- | | | |
|---|---|--|
| <input type="checkbox"/> W-2 Wages/ # of W-2s _____ | <input type="checkbox"/> Railroad Retirement | <input type="checkbox"/> Medical Insurance and Expenses |
| <input type="checkbox"/> 1099-INT (Interest Income) | <input type="checkbox"/> Rental Income | <input type="checkbox"/> Taxes: Real Estate/Personal Property |
| <input type="checkbox"/> 1099-DIV (Dividend Income) | <input type="checkbox"/> Installment Sales | <input type="checkbox"/> Unreimbursed Employee Expenses (State Itemizing Only) |
| <input type="checkbox"/> 1099-R (IRA, 401K, or Retirement) | <input type="checkbox"/> Like-Kind Exchange | <input type="checkbox"/> Foreign Taxes Paid |
| <input type="checkbox"/> SSA1099 (Social Security) | <input type="checkbox"/> Alimony Paid | <input type="checkbox"/> Home Mortgage Interest |
| <input type="checkbox"/> 1099-G (State Refund/Unemployment) | <input type="checkbox"/> Other Income _____ | <input type="checkbox"/> Disaster Loss |
| <input type="checkbox"/> 1099-MISC (Miscellaneous Income) | <input type="checkbox"/> Alimony Received | <input type="checkbox"/> Charitable Contributions |
| <input type="checkbox"/> 1099-B (Sales of Stock or Bonds) | <input type="checkbox"/> Student Loan Interest Paid | <input type="checkbox"/> Estimated Tax Payments |
| <input type="checkbox"/> Sale of Home or Business | <input type="checkbox"/> IRA Contribution | <input type="checkbox"/> Injured Spouse, If so which spouse owes the debt: _____ " |
| <input type="checkbox"/> Schedule K-1 (S-Corp, Partnership, Estate) | <input type="checkbox"/> Education Expenses/1098-T | |
| | <input type="checkbox"/> Day Care Expenses | |

Did you purchase health insurance through your state Marketplace? (circle one) Yes / No
 If yes, do you have your Form 1095-A? (circle one) Yes / No

All bank products are subject to Republic Bank Tax Refund Solutions, and/or MetaBank fees and approval.

* Jackson Hewitt cannot promise or guarantee that you will receive a bank product on your refund because it is subject to Bank & IRS Regulations. Jackson Hewitt Tax Service is only a facilitator.

I certify that all the information provided is true and accurate to the best of my knowledge.

Signature: _____ Date: _____

Spouse Signature: _____ Date: _____