

KevCo, Inc.

Tax Preparation, Electronic Filing & Financial Tracking

In Time: _____

Referred By: _____

124 South St., Daytona Beach, Fl. 32114

Office: (386) 252-6705 | Fax: (386) 308-0480

Out Time: _____

Today's Date: ____/____/____

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Primary Tax Payer

FILING STATUS: Single Married Divorced as of _____ Separation Agreement

Name: (First) _____ (MI) _____ (Last) _____ D.O.B.: ____/____/____

Social Security #: _____ - _____ - _____ DL#: _____ (ST) _____

Home Address: (street) _____ (Issued) ____/____/____

(city) _____ (state) _____ (zip) _____ (Exp.) ____/____/____

Home: () _____ Cell: () _____ Work: () _____

Occupation: _____ Email: _____

Did you have **Health Insurance** last year ___Y / ___N If Yes, for how many total months? _____

If Yes, which form(s) are you providing: ___1095-A(Marketplace) ___1095-B(Direct) ___1095-C(Employer-provided)

Secondary Tax Payer (Fill this section in if you have a spouse or are paying/receiving alimony)

Name: (First) _____ (MI) _____ (Last) _____ D.O.B.: ____/____/____

Social Security #: _____ - _____ - _____ DL#: _____ (ST) _____

(Issued) ____/____/____ (Exp.) ____/____/____

Home Address: Same as above NOT same as above

Home: () _____ Cell: () _____ Work: () _____

Occupation: _____ Email: _____

Did you have **Health Insurance** last year ___Y / ___N If Yes, for how many total months? _____

If Yes, which form(s) are you providing: ___1095-A(Marketplace) ___1095-B(Direct) ___1095-C(Employer-provided)

You Spouse Both Neither - Had financial interest in virtual currency.

You Spouse Both Neither - Want \$3 to go to Presidential Election Campaign Fund?

Schedule C filers - 1099's and Self-Employed

Business Name, if not your own _____ How long in business _____

What type of documents are you providing for proof of Existence, Income and Expenses? (Check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Business license | <input type="checkbox"/> Bank statements |
| <input type="checkbox"/> Forms 1099 | <input type="checkbox"/> Reconstruction of income & expenses |
| <input type="checkbox"/> Records of gross receipts | <input type="checkbox"/> Advertising/ Business cards |
| <input type="checkbox"/> Taxpayer summary of income | <input type="checkbox"/> Do not have any documents (specify why below) |
| <input type="checkbox"/> Taxpayer summary of expenses | _____ |
| <input type="checkbox"/> Records of expenses | _____ |
| <input type="checkbox"/> Vehicle Information | |

* It is taxpayer's responsibility to provide accurate information during the tax prep*

Click [HERE](#) to see what documents to provide.

****Payment is due at the time of service, unless otherwise negotiated****

DEPENDENT INFO ON NEXT PAGE

DEPENDENT INFORMATION (List Oldest to Youngest)

1) Name: (first) _____ (MI) _____ (last) _____

Social Security # _____ - _____ - _____ D.O.B: _____ / _____ / _____ Relationship to you: _____

Dependent had **Health Insurance**? Y / N If Y, how many months of coverage? _____ Thru Marketplace? Y / N

- Check which applies:** Child lived with you Child did NOT live with you due to divorce or separation
How many months _____
 Other dependent Not a dependent Not a dependent HOH qualifier

2) Name: (first) _____ (MI) _____ (last) _____

Social Security # _____ - _____ - _____ D.O.B: _____ / _____ / _____ Relationship to you: _____

Dependent had **Health Insurance**? Y / N If Y, how many months of coverage? _____ Thru Marketplace? Y / N

- Check which applies:** Child lived with you Child did NOT live with you due to divorce or separation
How many months _____
 Other dependent Not a dependent Not a dependent HOH qualifier

3) Name: (first) _____ (MI) _____ (last) _____

Social Security # _____ - _____ - _____ D.O.B: _____ / _____ / _____ Relationship to you: _____

Dependent had **Health Insurance**? Y / N If Y, how many months of coverage? _____ Thru Marketplace? Y / N

- Check which applies:** Child lived with you Child did NOT live with you due to divorce or separation
How many months _____
 Other dependent Not a dependent Not a dependent HOH qualifier

4) Name: (first) _____ (MI) _____ (last) _____

Social Security # _____ - _____ - _____ D.O.B: _____ / _____ / _____ Relationship to you: _____

Dependent had **Health Insurance**? Y / N If Y, how many months of coverage? _____ Thru Marketplace? Y / N

- Check which applies:** Child lived with you Child did NOT live with you due to divorce or separation
How many months _____
 Other dependent Not a dependent Not a dependent HOH qualifier

For all Dependents the IRS requires the following information

Which documents below can you provide to determine EIC eligibility for the qualifying child(ren).

(Check all that apply)

Residency of Qualifying Child(ren)

- School records or statement
- Landlord or property management statement
- Health care provider statement
- Medical records
- Child care provider records
- Placement agency statement
- Social services records or statement
- Place of worship statement
- Indian tribal official statement
- Employer statement
- No documentation (specify why below)

Disability of Qualifying Child(ren)

- Doctor Statement
- Other health care provider statement
- Social services agency or program statement
- No documentation (specify why below)

*** Taxpayer's responsibility to provide accurate information during the tax prep ***