

KevCo, Inc.

Tax Preparation, Electronic Filing & Financial Tracking
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Referred By: _____

Today's Date: ___/___/___

In Time: _____ Out Time: _____

(Check box if you have had a change of address)

Primary Tax Payer Marital status: (Married, Single / Divorced / Separation agreement) circle one

Did you have Health Insurance last year Y / N (if yes) How many months of coverage _____ /thru Mrkt Plc Y / N

Name: (first) _____ (MI) _____ (last) _____ D.O.B: ___/___/___

Social Security #: _____ - _____ - _____ DL# _____ (Issued) ___/___/___
(Exp.) ___/___/___ (ST) _____

Home Address: (street) _____
(city) _____ (state) _____ (zip) _____

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

Occupation: _____ Email Address: _____

Secondary Tax Payer

(Please fill this section in if you have a spouse or are paying or receiving alimony)

Did you have Health Insurance last year Y / N (if yes) How many months of coverage _____ / thru Mrkt Plc Y / N

Name: (first) _____ (MI) _____ (last) _____ D.O.B: ___/___/___

Social Security #: _____ - _____ - _____ DL# _____ (Issued) ___/___/___
(Exp.) ___/___/___ (ST) _____

Occupation: _____ Email Address: _____

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

Schedule C filers 1099's and Self-Employed

What type of documents are you providing for proof of Existence, Income and Expenses?

(Please check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> How long in business _____ | <input type="checkbox"/> Bank statements |
| <input type="checkbox"/> Business license | <input type="checkbox"/> Reconstruction of income and expenses |
| <input type="checkbox"/> Forms 1099 | <input type="checkbox"/> Advertising/ Business cards |
| <input type="checkbox"/> Records of gross receipts provided by taxpayer | <input type="checkbox"/> Do not have any documents (specify on notes line) |
| <input type="checkbox"/> Taxpayer summary of income | <input type="checkbox"/> Notes: _____ |
| <input type="checkbox"/> Taxpayer summary of expenses | _____ |
| <input type="checkbox"/> Records of expenses provided by taxpayer | _____ |

DEPENDENT INFO ON BACK

Please turn over

*** Taxpayers responsibility to provide accurate information during the tax prep***

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

Dependents (Oldest to Youngest)

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

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

Did this Child have Health Insurance last year Y / N (if yes) How many months of coverage _____ / thru Mrkt Plc Y / N

- Child lived with you Child did NOT live with you due to divorce or separation Other dependent
 Not a dependent Not a dependent HOH qualifier

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

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

Did this Child have Health Insurance last year Y / N (if yes) How many months of coverage _____ / thru Mrkt Plc Y / N

- Child lived with you Child did NOT live with you due to divorce or separation Other dependent
 Not a dependent Not a dependent HOH qualifier

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

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

Did this Child have Health Insurance last year Y / N (if yes) How many months of coverage _____ / thru Mrkt Plc Y / N

- Child lived with you Child did NOT live with you due to divorce or separation Other dependent
 Not a dependent Not a dependent HOH qualifier

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

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

Did this Child have Health Insurance last year Y / N (if yes) How many months of coverage _____ / thru Mrkt Plc Y / N

- Child lived with you Child did NOT live with you due to divorce or separation Other dependent
 Not a dependent Not a dependent HOH qualifier

For all Dependents the IRS is requiring the following information

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

(Please 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 on notes line)
- Notes: _____

Disability of Qualifying Child(ren)

- Doctor Statement
- Other health care provider statement
- Social services agency or program statement
- No documentation (specify on notes line)
- Notes: _____

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