

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

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

Occupation: _____ Email: _____

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

If you had **Health Insurance** at any time last year, which form(s) are you providing:

1095-A (Marketplace) 1095-B (Direct) 1095-C (Employer-provided)

Secondary Tax Payer (Spouse) (If you are paying/receiving alimony, fill in their name and social)

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

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

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

Occupation: _____ Email: _____

If you had **Health Insurance** at any time last year, which form(s) are you providing:

1095-A (Marketplace) 1095-B (Direct) 1095-C (Employer-provided)

Answer the following questions:

- Did you and/or your spouse have financial interest in virtual currency. Yes No
- Select who wants \$3 to go to Presidential Election Campaign Fund? You Spouse Neither
- What Economic Impact Payments (EIP), A.K.A. Stimulus, amount(s) did you receive?
 - EIP 1 - Total amount received = \$ _____
 - EIP 2 - Total amount received = \$ _____
 - You may refer to Notices 1444 the IRS mailed to you or to your tax account at IRS.gov/Account for the amounts. Form 1444 provided: Yes No

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 (Total Miles/Business Miles) | _____ |

DEPENDENT INFO ON NEXT PAGE

* 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 INFORMATION (List Oldest to Youngest)

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

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

Did Dependent have Health Insurance at any time last year? Y / N Thru Marketplace? Y / N

- Check which applies:**
- Child that lived with you. For how many months: _____
 - 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 Dependent have Health Insurance at any time last year? Y / N Thru Marketplace? Y / N

- Check which applies:**
- Child that lived with you. For how many months: _____
 - 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 Dependent have Health Insurance at any time last year? Y / N Thru Marketplace? Y / N

- Check which applies:**
- Child that lived with you. For how many months: _____
 - 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 Dependent have Health Insurance at any time last year? Y / N Thru Marketplace? Y / N

- Check which applies:**
- Child that lived with you. For how many months: _____
 - 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 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 **