

# Allegiance Tax Service

ARE YOU A NEW CLIENT?                      YES                      NO

**REFUND TRANSFER** \_\_\_\_\_

PAPER CHECK \_\_\_\_\_ DIRECT DEPOSIT \_\_\_\_\_

**REGULAR EFILE**

DIRECT DEPOSIT \_\_\_\_\_ CHECKING \_\_\_\_\_ SAVINGS \_\_\_\_\_ PAPER CHECK \_\_\_\_\_

**RTNG** \_\_\_\_\_ **ACCT#** \_\_\_\_\_

**WHO WERE YOU REFERRED BY?** \_\_\_\_\_

**\*\*YOU MUST PRINT AND FILL OUT COMPLETELY\*\***

The state of California now requires Driver's License's or  
Id's in order to e-file your tax returns.

FIRST NAME \_\_\_\_\_ LAST NAME \_\_\_\_\_

SOC SEC# \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

OCCUPATION \_\_\_\_\_ WORK PHONE \_\_\_\_\_

**SPOUSE**

FIRST NAME \_\_\_\_\_ LAST NAME \_\_\_\_\_

SOC SEC # \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

OCCUPATION \_\_\_\_\_ WORK PHONE# \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE # \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

IS ANYONE CLAIMING YOU OR YOUR DEPENDENT ON HIS OR HER TAX RETURN?    Y    N

ARE YOU REMOVING OR CHANGING ANY DEPENDENTS FROM YOUR LAST YEARS TAX RETURN?    Y    N

DO YOU OWN A BUSINESS?    Y    N                      DO YOU HAVE RENTAL PROPERTY?    Y    N

**FILING STATUS (PLEASE CHECK ONLY ONE)**

A.  SINGLE

B.  MARRIED FILING JOINT

C.  MARRIED FILING SEPARATE SPOUSE NAME AND SOC SEC \_\_\_\_\_

D.  HEAD OF HOUSEHOLD (WITH QUALIFYING PERSON) \_\_\_\_\_

E.  QUALIFYING WIDOW (ER) WITH DEPENDENT CHILD YEAR SPOUSEDIED \_\_\_\_\_

**\*\*DEPENDENTS\*\***

NAME	DOB	SS#	RELATIONSHIP
_____	____/____/____	_____	_____
_____	____/____/____	_____	_____
_____	____/____/____	_____	_____
_____	____/____/____	_____	_____
_____	____/____/____	_____	_____

PLEASE TURN OVER AND FILL OUT THE BACK PAGE

**\*\*CHILD CARE PROVIDER\*\***

**You must provide all of the providers information and receipts.**

NAME \_\_\_\_\_ TAX ID # OR SS# \_\_\_\_\_  
AMOUNT PAID \$ \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE \_\_\_\_\_

CHILDS NAMES THAT WERE CARED FOR \_\_\_\_\_

**\*\*DID YOU RECEIVE ANY OF THE FOLLOWING\*\***

UNEMPLOYMENT COMPENSATION Y( ) N ( ) AMOUNT \_\_\_\_\_

ALIMONY Y( ) N ( ) AMOUNT \_\_\_\_\_

GAMBLING WINNINGS Y( ) N ( ) AMOUNT \_\_\_\_\_

PENSION Y( ) N ( ) AMOUNT \_\_\_\_\_

**FORM 1095-A OR 1095-B COVERED CALIFORNIA FORM Y( ) N ( )**

**DID YOU HAVE HEALTH INSURANCE FOR 2017? Y( ) N ( )**

**\*\*DO YOU HAVE/PAY ANY OF THE FOLLOWING\*\***

ALIMONY PAID TO \_\_\_\_\_ SS# \_\_\_\_\_

Y( ) N ( ) AMOUNT \_\_\_\_\_

MORTGAGE INTEREST Y( ) N ( ) AMOUNT \_\_\_\_\_

PROPERTY TAXES Y( ) N ( ) AMOUNT \_\_\_\_\_

EARNED INTEREST (EG BANK ACCOUNTS) Y( ) N ( ) AMOUNT \_\_\_\_\_

MEDICAL EXPENSES Y( ) N ( ) AMOUNT \_\_\_\_\_

CHARITABLE CONTRIBUTIONS PAID TO \_\_\_\_\_

Y( ) N ( ) AMOUNT \_\_\_\_\_

AUTO REGISTRATION (TAGS) Y( ) N ( ) AMOUNT \_\_\_\_\_

DID YOU SELL ANY STOCK? Y( ) N ( ) AMOUNT \_\_\_\_\_

DID YOU ADOPT A CHILD? Y( ) N ( ) AMOUNT \_\_\_\_\_

JOB RELATED EDUCATIONAL EXPENSES? Y( ) N ( ) AMOUNT \_\_\_\_\_

JOB RELATED EXPENSES? Y( ) N ( ) AMOUNT \_\_\_\_\_

COLLEGE FEES, TUITION OR BOOKS? Y( ) N ( ) AMOUNT \_\_\_\_\_

UNION DUES? Y( ) N ( ) AMOUNT \_\_\_\_\_

SAFETY DEPOSIT BOX? Y( ) N ( ) AMOUNT \_\_\_\_\_

MOVING EXPENSES? Y( ) N ( ) AMOUNT \_\_\_\_\_

WORK RELATED MILEAGE Y( ) N ( ) AMOUNT \_\_\_\_\_

Under penalties of perjury, and to the best of my knowledge and belief, I declare that all information listed above is true, correct, and complete.

**TAXPAYERS SIGNATURE** \_\_\_\_\_

**SPOUSE SIGNATURE** \_\_\_\_\_

**Date** \_\_\_\_\_