

# Ferrara Tax Group

## General Information

\*Please note, if all “General information” is the same as the prior year, complete name below, **check here**  and proceed to “Additional Information”

Name	Date of Birth	SSN	Occupation

\*Please note, the first name listed above will be considered the “Taxpayer” for return purposes, the second name will be “spouse”, if applicable.

**Address:**

**Phone:**

**Email:**

**Status:** Single:  Married:  Widowed:

**Dependents:**

Name	DOB	SSN #	Heath Insurance full year	Resided with TP at least 6 months?
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

\*If more rows are needed, please complete below or on the back of the form

## Additional Information

**Direct Deposit:** Yes:  No:

If Yes, Checking  Savings  Routing #: \_\_\_\_\_ Account#: \_\_\_\_\_

**Foreign bank account(s):** Yes:  No:

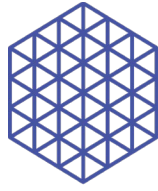
**Advanced Child Tax Credit:** Did you receive the Advanced Child Tax Credit: Yes:  No:

July: \$ \_\_\_\_\_ August: \$ \_\_\_\_\_ September: \$ \_\_\_\_\_ October: \$ \_\_\_\_\_ November: \$ \_\_\_\_\_ December: \$ \_\_\_\_\_

**In 2021, did you receive a COVID-19 stimulus check or PPP loan:** Yes:  No:

If Yes, please include the amount(s): \$ \_\_\_\_\_

**Health insurance:** Did you have health insurance for the entire year? If no, below, please indicate the months in which you were covered.



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Yes:  No:

Jan:  Feb:  Mar:  Apr:  May:  Jun:  Jul:  Aug:  Sep:  Oct:  Nov:  Dec:

**Virtual Currency:** Have you acquired, exchanged, or sold a financial interest in virtual currency? Yes:  No: