

## Personal Details

SSN	Primary Name	Birth Date	ID#	Exp	Issue date
SSN	Spouse Name	Birth Date	ID#	Exp	Issue date
Email	Phone #	Cell #			
Address	City	State	Zip		
Occupation					

**Filing Status:** ☐ Single ☐ Married Joint ☐ Head of Household ☐ Married Separate ☐ Dependent of Another

## Dependent List

### Dependent #1

Name:
SSN:
Relationship:
Months in Home Last Yr:
Date of Birth:
Can anyone else claim child? <input type="checkbox"/> Yes <input type="checkbox"/> No
Amount Paid for Daycare:

### Dependent #2

Name:
SSN:
Relationship:
Months in Home Last Yr:
Date of Birth:
Can anyone else claim child? <input type="checkbox"/> Yes <input type="checkbox"/> No
Amount Paid for Daycare:

### Dependent #3

Name:
SSN:
Relationship:
Months in Home Last Yr:
Date of Birth:
Can anyone else claim child? <input type="checkbox"/> Yes <input type="checkbox"/> No
Amount Paid for Daycare:

### Dependent #4

Name:
SSN:
Relationship:
Months in Home Last Yr:
Date of Birth:
Can anyone else claim child? <input type="checkbox"/> Yes <input type="checkbox"/> No
Amount Paid for Daycare:

Did You/Spouse or any of your dependents go to college last year? ☐ Yes ☐ No

Did You/Spouse or any of your dependents have health care coverage last year? ☐ Yes ☐ No

BANK NAME:	ROUTING #:	ACCOUNT #:

**Please complete and Fax this Form with all Tax Related Documents to 424-227-8859  
Or Email: LB@LBtaxes.com**

Once LB Taxes & Consulting Group receives your information they will contact you via Email or phone for any additional questions about the return  
They will also provide you with your refund amount and all your filling options.