HENSLEY & THRONEBERRY | CERTIFIED PUBLIC ACCOUNTANTS

Name: _____ Phone Number: _____

Email: _____

To ensure proper tax credits are applied to your return please answer the applicable questions.

Dependents	Yes	No	N/A
1. Do you have any dependents?	❒	❒	❒
2. If so, did they live with you for over half the year?	❒	❒	❒
3. If you answered **no** to #2, is there an agreement that allows you to claim them as a dependent this year?	❒	❒	❒
4. Did you provide more than half of their support?	❒	❒	❒
5. Are they under the age of 19?	❒	❒	❒
6. If between the ages of 19-23, were they enrolled in college full-time for at least one semester?	❒	❒	❒
7. If needed, could you provide documentation to support the statement above?	❒	❒	❒

Disallowance of Credits

1. Were any of the following credits disallowed or reduced in a previous year?		
American Opportunity Tax Credit	❒	❒
Earned Income Tax Credit	❒	❒
Child Tax Credit	❒	❒
Additional Child Tax Credit	❒	❒

Health Insurance

1. Did you have health insurance coverage for the entire year?	❒	❒
If no, how many months were you without coverage? _____		
2. Is your health insurance provided by your employer?	❒	❒

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New Client

Please provide us with the following information:

1. A copy of your prior year returns.
2. A copy of your and your spouse's ID.
3. Date of birth and Social Security number for you, your spouse, and each dependent on the return.

Name	DOB	SSN
1.		
2.		
3.		
4.		
5.		
6.		

Additional Information

1.

2.

3.

4.

5.

6.

By signing this document, I verify that the information provided above is correct to the best of my knowledge.

Signature: _____ Date: _____