

PERMANENT FILE INFORMATION SHEET

TAX YEAR _____ **Did we prepare your return last year?** **YES** **NO**
DATE _____ **Filing Status:** **MFJ** **S** **MFS** **HOH**

1) Name(s) _____ DOB _____ SSN _____
 _____ DOB _____ SSN _____

2) Address: _____ 3) Phone number _____
 _____ 4) E-mail address _____

**Resident of which State? _____

5) List any Dependents here: Are there any changes to dependents from prior year? **Yes** **No**
 List changes (if any) below:

Name _____ M / F DOB _____ SSN _____
 Name _____ M / F DOB _____ SSN _____
 Name _____ M / F DOB _____ SSN _____

Attach copy of Social Security cards for new dependents or newly married individuals

Did each dependent live in your household for the entire year? **Yes** **No**
If you are HOH, who claims your children? _____

6) Are you claimed as a Dependent on anyone else's return? **Yes** **No**
 If yes, enter your Parent/Guardian's name here _____

7) What type of income did you receive this year? (Check all that apply)
 _____ **W-2's** _____ **Interest Income** _____ **1099's** _____ **Other:** _____

8) What type of expenses did you have this year? (Check all that apply)
 _____ **Interest on School Loans (1098-E)** _____ **College Tuition (1098-T)**
 _____ **Real Estate Tax Paid** _____ **Sales Tax Paid on New Vehicle**
 _____ **Mortgage Interest Paid (1098)** _____ **Daycare-Provider's name, SSN, address & amount paid.**
 _____ **Other:** _____ **Y / N - Charitable Donations - Amount \$** _____

9) Did you or are you going to contribute to an IRA or Roth IRA? **Traditional** **Roth**
 If so, how much did/will you contribute? \$ _____ Maximum = \$7,000; \$8,000 if 50 and over

10) Did you, your spouse, and dependents all have health insurance during the year? **Yes** **No**
 If answer to #11 is yes, please provide one of the following documents:
Form 1095-A - You obtained Health Insurance through the Health Insurance Marketplace (a.k.a. Obamacare)
Form 1095-B - You obtained Health Insurance **OUTSIDE** of the Health Insurance Marketplace

11) Did you receive, sell, exchange, or otherwise dispose of any financial interest in virtual currency?
 (examples: Bitcoin, Litecoin, Ethereum, etc.) **Yes** **No**

12) Did you pay property taxes in the State of Nebraska? **Yes** **No**
 If yes, provide all property tax statements which include your parcel identification number and county paid.

13) If applying for a **Nebraska Homestead Exemption**, please provide a summary of all medical expenses paid.

14) Would you like your return to be Direct Deposited/Debited? **Checking** **Savings**
 Debit Date _____ Please attach copy of cancelled check.