

# COX ACCOUNTING & TAX SERVICE

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Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Address (if different from last year) \_\_\_\_\_

- **Married or Single?**      **If married, do you want to file jointly? Y / N**
- **Dependents** (name, birthday, SSN and number of months in home) [ ] if same as last year
- **Is anyone in the household legally blind [ ], disabled [ ] or a veteran with service connected disability [ %]?**
- **Is anyone in the household attending college?** (if yes include tuition statement & books you paid for)
- **Did you make any other large purchases last year? \$**  
Description \_\_\_\_\_ \$ \_\_\_\_\_
- **Did you purchase any energy efficient household items last year?**  
Description \_\_\_\_\_ \$ \_\_\_\_\_
- **Did you begin paying or receiving alimony last year? \$**
- **Are you involved in Bankruptcy [ ], foreclosure [ ], repossession [ ] or had any debt (including credit cards) cancelled [ ]?**
- **Do you pay rent?** (amount paid, name and address of landlord)
- **Do you live [ ] or work [ ] in any city that has income tax?**
- **Did you contribute money to an IRA or Roth IRA? Do you want to?**
- **Do you have any foreign investment accounts?**
- **Was everyone in the household covered by health insurance (including medicare, medicade, tri-care, or employer)?**      Attach form 1095-A, B or C

Other Issues \_\_\_\_\_

**Direct Deposit info the same?** \_\_\_\_\_