Tax Return Essentials II (TRE-II) **Tax Year:** Select Year

Today's Date:

_____
MM / DD / YYYY

Please fill-in capital letters.

Tax Payer Name:
(Per Social Security Record)

_____
Last Name

_____
First

_____
Middle

Personal Email Address:

(Preferred Email Address)

_____
Please use only this and only one email with us. **e.g. Gmail, Hotmail, Yahoo etc. used in TRE 1.**

Cell Phone:

_____
xxx-xxx-xxxx

Both New & Returning Clients

A **USA State Driver License (DL) or USA State Issued Photo ID Both the Tax Payer & Spouse**

Please provide clear legible copies (both front & back) for both the Tax Payer & the Spouse. Due to new ID verification requirements of the IRS, even if you have provided us in the past, copies of your Driver License or State Issued Photo ID need to be submitted to us again. Sorry for the inconvenience. If you don't have such a State Photo ID, please notify us.

B **Charity**

Cash Charity **Cash Amount $** _____

Non-Cash Charity **Non-Cash Amount $** _____

Note: Charity Deduction is claimable only if supported by receipts and if you need to itemize in Sch. A. Please keep receipts with you.
Non-Cash Charity, unless otherwise clarified by you, is presumed to be Household items & Clothing, acquired by purchase by you at 3 times of donation value claimed by you, and valued at Thrift Shop Value.

C Rent Paid (Tax Credit / Tax Deduction Claim)

Did you pay rent during CTY? If "NO", stop here. Yes ☐ No ☐

Name of the Tenant per Lease Agreement _____

1 **City/State where you have rented** City _____ State _____

2 **Does Lease Agreement show your name as a "Tenant"?** Yes ☐ No ☐
If you do not reply, "No" will be assumed.

3 **Rent is paid from your own pocket and you did not receive reimbursement.** Yes ☐ No ☐
If you do not reply, "No" will be assumed.

4 **The accommodation has a separate kitchen & bathroom.** Yes ☐ No ☐
If you do not reply, "No" will be assumed.

5 **Did anyone other than your family occupy and share rent with you.** Yes ☐ No ☐
If you do not reply, "No" will be assumed.

6 **Number of months you occupied the same residence in CTY** # of Months _____ List Months _____

7 **Number of months you are resident of the above State/City** # Months _____ List Months _____

8 **Amount of Rent Paid for the whole year** Rent Amount $ _____

Note: Rent Credit/Deduction will be claimed only for the State/City, where allowed and/or if provided for in our tax software.

D Health Insurance Coverage

Did you AND every member of your family have minimum essential health insurance coverage during CTY?

Yes ☐ **No** ☐

Was this minimum essential health insurance coverage available during "every month" of CTY?

Yes ☐ **No** ☐

Was this minimum essential health insurance coverage available for "every family member" of CTY?

Yes ☐ **No** ☐

Please provide the name, SSN of EACH family member and list the months for which the said family member was covered / NOT covered. (Please attach a copy of IRS Form 1095 A / 1095 B and Health Insurance Coverage ID Card Copies.)

Name (**Tax Payer**)

Signature (**Tax Payer**)

Date: **MM/DD/YYYY**