

Please fill in as much of the following information as you can.

1. Personal Information

Name		Soc. Sec. No.	Date of Birth	Occupation	Cell Phone	Daytime Phone
Taxpayer					() -	() -
Spouse					() -	() -
Current Address		City	State	Zip	School District	
Email Address (Taxpayer)		Email Address (Spouse)			How did you hear about Acade? (Website?, Person?, Signs?)	

2. Dependents (Children & Others)

Name	Relationship to you	Soc. Sec. No.	Date of Birth	Months in Home (1-12)	Attending Child Care?	Going to College?

3. Other Information that may not be included with your tax forms

Questions:

1. Do you own your own business (including Self-Employed)?	<input type="checkbox"/> Y <input type="checkbox"/> N	15. Did you employ a full time nanny or housekeeper?	<input type="checkbox"/> Y <input type="checkbox"/> N
2. Did you sell any stocks or investments in 2021?	<input type="checkbox"/> Y <input type="checkbox"/> N	16. Did you pay any child care expenses? \$ _____	<input type="checkbox"/> Y <input type="checkbox"/> N
3. Do you own any rental property?	<input type="checkbox"/> Y <input type="checkbox"/> N	- To Whom _____	
4. Did you receive your stimulus pmt? Amount \$ _____	<input type="checkbox"/> Y <input type="checkbox"/> N	- Address _____	
5. Did you receive adv child tax pmt? Amount \$ _____	<input type="checkbox"/> Y <input type="checkbox"/> N	- Phone # _____ Tax ID # _____	
6. Did you pay any interest on a student loan?	<input type="checkbox"/> Y <input type="checkbox"/> N	17. Did you make any contributions to a personal (not employer) IRA?	<input type="checkbox"/> Y <input type="checkbox"/> N
7. Did you pay any tuition and book expenses for College?	<input type="checkbox"/> Y <input type="checkbox"/> N	- You to a Roth IRA \$ _____ (or) Traditional IRA \$ _____	
8. Did you contribute to an Education Savings (529) Plan?	<input type="checkbox"/> Y <input type="checkbox"/> N	- Spouse to a Roth IRA \$ _____ (or) Traditional IRA \$ _____	
9. Do you have any open issues or balances with IRS or NY State?	<input type="checkbox"/> Y <input type="checkbox"/> N	18. Did you live in <u>New York City</u> during 2021? From ___/___/___ to ___/___/___	<input type="checkbox"/> Y <input type="checkbox"/> N
10. Do you own foreign bank accounts or property >\$10,000 in value?	<input type="checkbox"/> Y <input type="checkbox"/> N	<u>Popular New York State Credits:</u>	
11. Did you install solar or energy features in your house in 2021?	<input type="checkbox"/> Y <input type="checkbox"/> N	IT-209 - Are you a non-custodial parent paying child support?	<input type="checkbox"/> Y <input type="checkbox"/> N
12. Do you use any part of your home for your business?	<input type="checkbox"/> Y <input type="checkbox"/> N	IT-214 - Did you earn less than \$18,000 AND pay less than \$450/mo. in rent?	<input type="checkbox"/> Y <input type="checkbox"/> N
13. Did you make estimated tax payments to prepay 2021 taxes?	<input type="checkbox"/> Y <input type="checkbox"/> N	IT-237 - Do you own a home in a Nationally Registered Historic District?	<input type="checkbox"/> Y <input type="checkbox"/> N
14. Did you buy, sell or exchange Virtual Currency (Bitcoin, etc.)?	<input type="checkbox"/> Y <input type="checkbox"/> N	IT-245 - Are you a volunteer firefighter or ambulance worker?	<input type="checkbox"/> Y <input type="checkbox"/> N

4. Income & Deductions (Please circle items of income you've received and expenses you've paid)

Income: Alimony • Scholarships and Grants • Gambling and Lottery • Unemployment • Social Security Benefits • Retirement and Pensions • State Refund

Deductions: Health Premiums • Rx Drugs • Hospital Charges • Co-Pays • Dental • Long Term Care • Medical Mileage • Property Taxes • Car Purchase or Lease Mortgage Interest • Home Equity Interest • Cash Donations • Church Offerings • United Way • Goodwill/Sal Army/Amvets • Gambling Losses • Teacher Expenses

New York Only: Unreimbursed Job Travel • Unreimbursed Job Expenses • Union Dues • Professional Dues • Licenses • Financial Advisor Fees • Tax Preparation Fees

5. Direct Deposit / Direct Debit

Bank Name	9 Digit Routing Number	Account Number	Checking <input type="checkbox"/>
			Savings <input type="checkbox"/>

I/we declare by our signature(s) that all information provided on this form is complete and accurate as of the date entered.

Taxpayer & Spouse Signature(s)

Date