

VITA COVER SHEET

TO VERIFY IDENTITY

Taxpayer Social Security Number:

Spouse Social Security Number:

Dependent Social Security Number(s):

FOR DIRECT DEPOSIT

- ☐ Routing Number:
- ☐ Account Number:
- ☐ Bank Name:
- ☐ Checking or Savings?

Only complete the following sections if they apply to you!

FOR HSA'S

- ☐ Self-only or family?
- ☐ Did you use your HSA for medical expenses only?
- ☐ Did you make any cash deposits? (Probably no!)

CHILDCARE INFO

Provider EIN/SSN:

Amount Paid in 2023:

Name of Dependent(s):

FOR HIGHER EDUCATION CREDITS

Are you claimed as a dependent on another return?

Yes

No

Are you in your first four years (y/n)?

Full-time/Part-time

Total Out of Pocket Expenses:

Are you ineligible for credits due to a criminal conviction? Y/N/Unsure