

# EXTENSION REQUEST

THANK YOU FOR CHOOSING M.E. SERVICES, INC.

WE ARE GRATEFUL FOR YOUR CONTINUED PATRONAGE.

WE LOOK FORWARD TO WORKING WITH YOU THIS TAX SEASON.

AN EXTENSION WILL BE FILED FOR YOU WITH THE INFORMATION GIVEN ON THIS FORM.

TAXPAYER NAME:			
SPOUSE NAME (IF APPLICABLE):			
TAXPAYER SOCIAL SECURITY NUMBER:	- -	SPOUSE'S SOCIAL SECURITY NUMBER:	- -
CURRENT ADDRESS:			
DO YOU NORMALLY OWE THE IRS?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
DO YOU HAVE A PAYMENT PLAN WITH THE IRS?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
SIGNATURE:			
DATE:			

**\*\*Please note, your return will be completed 3-4 weeks from today's date.  
The extension is valid until October 15th, 2024.\*\***



M.E. & ASSOCIATES  
SERVICES, INC.

PARMA

EST. 2002

ACCOUNTING FIRM

CELEBRATING OVER 20 YEARS WITH YOUR COMPANY, YOUR FAMILY, AND YOU.

PHONE: (440) 885-0829

EMAIL: METAX1040@GMAIL.COM

TEXT ONLY: (440) 381-5784

WEBSITE: METAXPARMA.COM

## IMPORTANT! PLEASE NOTE!

- \* If you are missing information or paperwork, your return will be delayed until that information is received.
- \* Due the busy season, we **request** that you pick up within two weeks of notification of your return being completed. If you do not, an additional fee will occur.

### Following these tips and recommendations can help save you money and get your return processed faster.

#### General Information

- The following questionnaire and subsequent paperwork are required documents we need completed **in full** and **before** you drop off.
- If any questions that follow ask you to provide any tax forms or additional information please do so or we will have to reach out for that before we're able to process your paperwork and begin your return.
- The sooner you respond to any request for additional information the better.

#### Providing Information

- **Please provide all required information at one time.** Providing your tax information in multiple batches or emails will delay processing and the completion time of your return.
- Please wait until you have all information necessary to send in all paperwork, including these forms.

#### Charity

- For cash charity: Providing a summary of your charitable gifts in a list is enough for us to claim the deduction. If there is anything that appears out of the ordinary, we will follow up. You must have records of documentation to back up any claims.
- For non-cash charity: Please be sure the information you provide has a value, date, and description assigned to it. A blank receipt from goodwill is not enough information for us to determine what to deduct.

#### Medical

- Providing a summary of your medical payments in a list is sufficient. Providing us with multiple receipts and bills can take a significant amount of time to organize and summarize and because of the high deduction threshold, there is often little to no tax benefit.
- The exception to this rule relates to any of your of pocket health/dental insurance premiums and long-term care premiums. Always provide any of these applicable payments as separate amounts even if all other medical expenses are low.

### NEW clients MUST provide the following for each return being completed:

1. Copy Driver's License or State I.D. **and** a copy of:
  - a. Birth Certificate (you & spouse – if applicable)
  - b. Passport (you & spouse – if applicable)
  - c. Social Security Card (you & spouse – if applicable)
2. Copy of two forms of identification for any/all dependents on the return
3. Copy of 2023 Tax Return
4. Intake Packet Filled Out
5. Direct Deposit Information (if applicable)

This information is required for your return.  
If you do not bring this information, we cannot complete the return,  
and completion time will be delayed if we do not have everything.



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PARMA

EST. 2002

ACCOUNTING FIRM

CELEBRATING OVER 20 YEARS WITH YOUR COMPANY, YOUR FAMILY, AND YOU.

To ensure we have obtained all necessary information on your tax situation to fully prepare your tax return.

**IT IS MANDATORY THAT YOU COMPLETE THE FOLLOWING QUESTIONNAIRE FOR EACH RETURN BEING COMPLETED.**

This provides us with the necessary information to ensure we've prepared your return up to both our own and the IRS' standards

- ⇒ Due to the ever-growing changes in the tax laws and the current economic climate, **we're expecting a slight increase from our standard fees this season.**
- ⇒ Please be sure to have all tax documents when you drop off.
- ⇒ If you **renewed your driver's license**, we will need an updated copy.
- ⇒ If you are claiming a **NEW** dependent, you will **HAVE TO** provide a birth certificate and social security card.

*These are pre-payments paid directly out of pocket and not take from your W2. If you did not make payments to any of these entities, simply mark zero and continue on.*

**ESTIMATED PAYMENTS**

**THIS INFORMATION MUST BE PROVIDED!  
THIS INFORMATION IS NOT PROVIDED ON ANY FORMS.  
THESE ARE PAID DIRECTLY AND NOT TAKEN FROM YOUR W2.  
A \$25 FEE WILL INCUR SHOULD OUR OFFICE HAVE TO  
CONTACT THE ENTITIES TO FIND THIS INFORMATION.**

FEDERAL ESTIMATES PAID:	STATE ESTIMATES PAID:	CITY ESTIMATES PAID:

**PICK UP INFORMATION:**

*How would you like to pick up your return once it is completed?*

- Curbside
- Pick Up With Staff
- Standard Pick Up (No Meeting)
- Email
- Mail
- Pick Up Appointment

By initialing below, I have read, reviewed, and answered all questions on this form.  
I agree that all information provided is true, up-to-date, and properly represented to the best of my knowledge.  
I acknowledge that M.E. Services is not responsible for any information that is not provided or is incorrect.

Taxpayer Initial:

Spouse Initial:

**FILING STATUS**

- Single
- Married Filing Joint
- Married Filing Single
- Head of Household
- Qualifying Widower

**TAXPAYER**

Social Security Number \_\_\_\_\_  
 First \_\_\_\_\_ MI \_\_\_\_\_ Last \_\_\_\_\_  
 Email \_\_\_\_\_  
 Work Ph \_\_\_\_\_ Cell/Other \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ Date of Death \_\_\_\_\_  
 Preferred Method of Contact  Email  Phone  Text  
 Occupation \_\_\_\_\_  
 Yes  No Legally Blind | Dependent of Other  Yes  No

**ADDRESS**

Please enter the current mailing address that all official correspondence should be sent.  
 Street & Apt. No. \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_  
 School Code (if app) \_\_\_\_\_

**SPOUSE**

Social Security Number \_\_\_\_\_  
 First \_\_\_\_\_ MI \_\_\_\_\_ Last \_\_\_\_\_  
 Email \_\_\_\_\_  
 Work Ph \_\_\_\_\_ Cell/Other \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ Date of Death \_\_\_\_\_  
 Preferred Method of Contact  Email  Phone  Text  
 Occupation \_\_\_\_\_  
 Yes  No Legally Blind | Dependent of Other  Yes  No

**DEPENDENTS (INCLUDING NON-CHILD DEPENDENTS)**

<u>First, Middle Initial, Last Name</u>	<u>Student?</u>	<u>Date of Birth</u>	<u>Social Security #</u>	<u>Disabled?</u>	<u>Relationship</u>
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____

**Income**

Please check any of the following that you and/or your spouse received:

<input type="checkbox"/> W-2 Income – How many are included? _____	<input type="checkbox"/> 1099s (NEC, MISC, etc.)
<input type="checkbox"/> Income from loans, grants or pandemic related programs	<input type="checkbox"/> Pension (1099R, 401k, etc.)
<input type="checkbox"/> Interest and/or Dividends	<input type="checkbox"/> K-1's (1120S, 1065, 1041)
<input type="checkbox"/> Tax exempt Interest and/or Dividends	<input type="checkbox"/> Cryptocurrency
<input type="checkbox"/> Taxable refunds, credits or offsets (including prior year state refunds)	<input type="checkbox"/> Unemployment
<input type="checkbox"/> Business income (self-employment Income)	<input type="checkbox"/> Social Security Income
<input type="checkbox"/> Stock sales (capital gains)	<input type="checkbox"/> Foreign Income
<input type="checkbox"/> Rental real estate income	<input type="checkbox"/> Other Income (Please List): _____

**Identification Information – You may fill in this information or you must provide copies of current IDs**

<input type="checkbox"/> Driver's license	<input type="checkbox"/> State-issued photo ID	<input type="checkbox"/> Driver's license	<input type="checkbox"/> State-issued photo ID
Photo ID number _____	Photo ID number _____	Photo ID number _____	Photo ID number _____
State photo ID was issued _____	State photo ID was issued _____	State photo ID was issued _____	State photo ID was issued _____
Date photo ID was issued _____	Date photo ID was issued _____	Date photo ID was issued _____	Date photo ID was issued _____
Date photo ID expires _____	Date photo ID expires _____	Date photo ID expires _____	Date photo ID expires _____

Section 1: Personal Information	Yes	No
Did your marital status change during the year? If yes, explain: _____	<input type="checkbox"/>	<input type="checkbox"/>
Did your address change from last year? If you move multiple times and/or changed cities, we must know of each change. If yes, please provide previous address: _____ Date of Move: ____/____/____	<input type="checkbox"/>	<input type="checkbox"/>
Did you live separately from your spouse during the last six months of the year?	<input type="checkbox"/>	<input type="checkbox"/>
If you receive a refund, would you like it to be direct deposited? <b><u>IF YOU CHECK NO, YOU WILL RECEIVE A CHECK.</u></b>	<input type="checkbox"/>	<input type="checkbox"/>
Did your bank account information change since last year? If this is your first return with M.E. Services, please provide the necessary bank information below to allow us to directly deposit any refund you may receive. * <u>Without this information, we will default to sending any refund via mail instead of direct deposit.</u> Bank Name: _____ Checking or Savings: _____ Routing Number: _____ Account Number: _____	<input type="checkbox"/>	<input type="checkbox"/>
<b><u>Did you or your spouse receive an Identity Protection PIN (IP PIN) from the IRS or have you been a victim of identity theft? If yes, you must provide the IP PIN. – YOUR RETURN CANNOT BE FILED WITHOUT THIS INFORMATION</u></b>	<input type="checkbox"/>	<input type="checkbox"/>
Did you reside in or operate a business in a Federally declared disaster area? The Federally declared disaster areas include victims of hurricanes, tropical storms, floods, as well as wildfires.	<input type="checkbox"/>	<input type="checkbox"/>
<b><u>Do have, plan to have, or previously had any open LLC(s)? – These must be accounted for in a separate report or you face FELONY charges.</u></b> Further communication will follow if you answer, yes.	<input type="checkbox"/>	<input type="checkbox"/>

Section 2: Dependent Information *(If you don't have any dependents to claim for 2023, put your initials in the first box and skip this section.)*	Yes	No
Were there any changes in dependents from the prior year? If yes provide their full name, date of birth, Social Security Number, and relationship to you with your paperwork.	<input type="checkbox"/>	<input type="checkbox"/>
Do you have any children under age 19 or a full-time student under age 24 with unearned income more than \$2,200? If yes, please list: _____ <b>All students will require a 1098T Form.</b>	<input type="checkbox"/>	<input type="checkbox"/>
Do you have dependents who must file a tax return? If yes, would you like M.E. Services to prepare their return? Yes <input type="checkbox"/> No <input type="checkbox"/> <b>If yes, these forms will need to be filled out for each return.</b>	<input type="checkbox"/>	<input type="checkbox"/>
Did you provide over half the support for any other person(s) living in your residence for 6 or more months other than your dependent children during the year? If yes, provide us with their name, address, Social Security Number, date of birth, and relationship to you.	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay for child care while you worked, looked for work, or while a full-time student? If yes, please give us the provider information (name of business and EIN/SSN) and amounts.	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay any expenses related to the adoption of a child during the year?	<input type="checkbox"/>	<input type="checkbox"/>
If you are divorced or separated with child(ren), do you have a divorce decree or other form of separation agreement which establishes custodial responsibilities? If yes, please provide the documents.	<input type="checkbox"/>	<input type="checkbox"/>
Can you be claimed as a dependent by another taxpayer?	<input type="checkbox"/>	<input type="checkbox"/>
<b><u>Did any dependents receive an Identity Protection PIN (IP PIN) from the IRS or have they been a victim of identity theft? If yes, you must provide the IP PIN – RETURNS CANNOT BE FILED WITHOUT THIS.</u></b>	<input type="checkbox"/>	<input type="checkbox"/>

By initialing below, I have read, reviewed, and answered all questions on this form. I agree that all information provided is true, up-to-date, and properly represented to the best of my knowledge. I acknowledge that M.E. Services is not responsible for any information that is not provided or is incorrect.	
Taxpayer Initial: _____	Spouse Initial: _____



Section 3: Purchases, Sales and Debt Information	Yes	No
Did you start a new business or purchase rental property during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you sell, exchange, or purchase any assets used in your trade or business?	<input type="checkbox"/>	<input type="checkbox"/>
Did you acquire a new or additional interest in a partnership or S corporation?	<input type="checkbox"/>	<input type="checkbox"/>
Did you sell, exchange, or purchase any real estate during the year? <i>If yes, provide us with the closing statement(s) for each.</i>	<input type="checkbox"/>	<input type="checkbox"/>
Did you purchase or sell a principal residence during the year? <i>If yes, provide us with the closing statement(s) or each.</i>	<input type="checkbox"/>	<input type="checkbox"/>
Did you foreclose or abandon a principal residence or real property during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you acquire or dispose of any stock during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you refinance a principal residence or second home this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you sell an existing business, rental, or other property this year? If so, please provide the settlement statement.	<input type="checkbox"/>	<input type="checkbox"/>
Did you have any debts canceled or forgiven this year, such as a home mortgage or student loan(s)?	<input type="checkbox"/>	<input type="checkbox"/>
Did you purchase a qualified plug-in electric drive vehicle or qualified fuel cell vehicle this year? If yes, please provide the purchase receipt.	<input type="checkbox"/>	<input type="checkbox"/>
Section 4: Special Income	Yes	No
Did you have any foreign income or pay any foreign taxes during the year, directly or indirectly, such as from investment accounts, partnerships, or a foreign employer? <b><u>SIGNIFICANT PENALTY FOR NONDISCLOSURE.</u></b>	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any unemployment benefits? If yes, provide the Form 1099G. (Can be retrieved here: <a href="https://tax.ohio.gov/business/resources/1099G">https://tax.ohio.gov/business/resources/1099G</a> )	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive <b><u>OR</u></b> pay any alimony in 2023? If yes, please provide divorce decree as well as the amount here: _____ <i>(New Client Only)</i>	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any disability income during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive tip income <b><u>not reported</u></b> to your employer this year? Please provide the full amount here: _____	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any awards, prizes, hobby income, gambling or lottery winnings?	<input type="checkbox"/>	<input type="checkbox"/>
<b><i>Did you have any sales or other exchanges of virtual currencies (Bitcoin, etc.), or used virtual currencies to pay for goods or services, or are you holding virtual currencies as an investment?</i></b>	<input type="checkbox"/>	<input type="checkbox"/>
Did you have a financial interest in or signature authority over a financial account such as a bank account, securities account, or brokerage account, located in a foreign country?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have any foreign financial accounts, foreign financial assets, or hold interest in a foreign entity that aren't within a brokerage account?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive a distribution from, or were you a grantor or transferor for a foreign trust?	<input type="checkbox"/>	<input type="checkbox"/>

By initialing below, I have read, reviewed, and answered all questions on this form.  
I agree that all information provided is true, up-to-date, and properly represented to the best of my knowledge.  
I acknowledge that M.E. Services is not responsible for any information that is not provided or is incorrect.

Taxpayer Initial:

Spouse Initial:

Section 5: Education Information	Yes	No
Did you, your spouse, or your dependents attend college during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you have any educational expenses during the year on behalf of yourself, your spouse, or a dependent? <b>If yes, attach any Form(s) 1098-T.</b>	<input type="checkbox"/>	<input type="checkbox"/>
Did you make any withdrawals from an education savings or 529 Plan account? <b>If yes, please provide the Form 1099-Q.</b> If yes, were any of these withdrawals rolled over into an ABLE (Achieving a Better Life Experience) account? Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did you make any contributions to an education savings or 529 Plan account? <b>If yes, please provide the year end statement.</b>	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay any Preschool, Child Care, Summer Camp this year? <b>If yes, please provide statements.</b>	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay any student loan interest this year? <b>If yes, provide Form 1098-E.</b>	<input type="checkbox"/>	<input type="checkbox"/>
Did you cash any Series EE or I U.S. Savings bonds issued after 1989?	<input type="checkbox"/>	<input type="checkbox"/>

Section 6: Retirement Information	Yes	No
Did you receive any pension or retirement?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any Social Security benefits during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you make any withdrawals from an IRA, Roth IRA, Keogh, SIMPLE, SEP, 401(k), or other qualified retirement plan?	<input type="checkbox"/>	<input type="checkbox"/>
Did you make any contributions to an IRA, Roth, IRA Keogh, SIMPLE, SEP, or other qualified retirement plan outside of your employer? <i>If yes, provide applicable Form 5498.</i>	<input type="checkbox"/>	<input type="checkbox"/>

Section 7: Health Care Information	Yes	No
Did you have qualifying health care coverage, employer/government-sponsored coverage (i.e. Medicare/Medicaid) for your family? <b>If yes, attach the Marketplace 1095C.</b>	<input type="checkbox"/>	<input type="checkbox"/>
Did you enroll for lower cost Marketplace Coverage through healthcare.gov under the Affordable Care Act? <b><i>If yes, you MUST attach any/all Form(s) 1095-A.</i></b> <i>If yes, did you share a policy with anyone who is not included in your family?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>
Did you make any contributions to a Health savings account (HAS) or Archer MSA? If yes, please provide yearend 1099SA. *Please be aware a HSA is separate from a FSA (Flexible Spending Account)* If yes, was your HAS active for the entire year? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please provide the number of months it was active: _____	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any distributions from a Health Savings Account (HSA), Archer MSA, or Medicare Advantage MSA this year? If yes, please provide us yearend 1099SA.	<input type="checkbox"/>	<input type="checkbox"/>
<b><i>Did you pay long-term care premiums for yourself or your family?</i></b> If yes, please provide yearend 1099SA.	<input type="checkbox"/>	<input type="checkbox"/>

Section 8: Miscellaneous Information	Yes	No
Did you make gifts of more than \$15,000 to any individual? <i>Transfer of houses are included in this.</i>	<input type="checkbox"/>	<input type="checkbox"/>
Did you make any out-of-state purchases (by any means) for which the seller did not collect state sales or use tax? If yes, please provide the total amount here: _____	<input type="checkbox"/>	<input type="checkbox"/>
Did you incur moving costs because of a permanent change of station as a member of the Armed Forces on active duty?	<input type="checkbox"/>	<input type="checkbox"/>
<b><i>Did you make energy efficient improvements to your main home this year?</i></b> <b><i>If yes, please provide clear and detailed receipts. Substantial credit if all requirements are met!</i></b>	<input type="checkbox"/>	<input type="checkbox"/>
Have you taken the residential energy efficient credit on a past return? (New Client Only)	<input type="checkbox"/>	<input type="checkbox"/>

By initialing below, I have read, reviewed, and answered all questions on this form. I agree that all information provided is true, up-to-date, and properly represented to the best of my knowledge. I acknowledge that M.E. Services is not responsible for any information that is not provided or is incorrect.	
Taxpayer Initial:	Spouse Initial:

Section 9: Due Diligence

**THIS MUST BE COMPLETED IF YOU ARE CLAIMING THE CHILD TAX CREDIT (CTC) OR EARNED INCOME CREDIT (EIC). THE CREDIT(S) CANNOT BE APPLIED WITHOUT THIS INFORMATION OR PAPERWORK REQUESTED THEREIN.**

\*(If the bolded questions are not applicable mark **N/A** to acknowledge you reviewed the information.)\*

Yes No

(A)	If you are claiming any dependents this year then answer the questions below.	
A1	Can you verify no one else has claimed your dependent/qualifying person?	<input type="checkbox"/> <input type="checkbox"/>
A2	Do you have the legal right to claim your dependent/qualifying person?	<input type="checkbox"/> <input type="checkbox"/>
A3	Did the dependent/qualifying person live with you the entire year? <i>*(A student living away from home while at college is considered to be living with you the entire year for purposes of this credit.)*</i>	<input type="checkbox"/> <input type="checkbox"/>
(B)	If you had any tuition payments for the tax year for yourself or dependents answer the questions below.	
B1	Is the student in their first four calendar years of undergraduate education?	<input type="checkbox"/> <input type="checkbox"/>
B2	Can you verify that the student was enrolled at least half-time during the tax year?	<input type="checkbox"/> <input type="checkbox"/>
B3	Have all current year education forms been provided us? <i>*(Forms include: 1098-T, 1098-E, 1099 Q, contributions and distributions to a 529 college savings plan or a Coverdell Education Savings account, qualified scholarships)*</i>	<input type="checkbox"/> <input type="checkbox"/>
B4	Do you have receipts or documentation for qualified education expenses and tuition payments?	<input type="checkbox"/> <input type="checkbox"/>
B5	Has your child received any scholarships or grants and have you provided this information to the tax preparer?	<input type="checkbox"/> <input type="checkbox"/>
B6	Can you confirm the student has not been convicted of a felony?	<input type="checkbox"/> <input type="checkbox"/>
(C)	If you are claiming Head of Household answer the questions below.	
C1	Were you unmarried on the last day of the year? You are unmarried if you are either: not married -or- legally separated from your spouse under a divorce or separate maintenance decree	<input type="checkbox"/> <input type="checkbox"/>
C2	Were you considered unmarried on the last day of the tax year? <i>*(You are considered unmarried if you meet all of the following requirements:)*</i> 1. <b><i>you file a separate return;</i></b> 2. <b><i>you paid more than half the cost of keeping up your home for the tax year;</i></b> 3. <b><i>your spouse didn't live in your home during the last six months of the year;</i></b> 4. <b><i>your home was the main home of your child, stepchild or foster child for more than half the year;</i></b> 5. <b><i>you are able to claim the child as a dependent</i></b>	<input type="checkbox"/> <input type="checkbox"/>
C3	Did you provide more than half the cost (51% or more) of keeping up your home for the year? <i>*(Cost includes: rent, mortgage, property taxes, home insurance, utilities, repairs and groceries)*</i> <i>*(Cost does <u>not</u> include: clothing, education, medical, vacations, life insurance or transportation)*</i>	<input type="checkbox"/> <input type="checkbox"/>
C4	Did your dependent/qualify person live with you in your home for more than half the year except for temporary absences?	<input type="checkbox"/> <input type="checkbox"/>

**Residency proof is required for each dependent proving their registered address matches yours.**  
**The only acceptable residency proof is documentation directly from the government or school.**

By initialing below, I have read, reviewed, and answered all questions in this entire packet.  
I agree that all information provided is true, up-to-date, and properly represented to the best of my knowledge.  
I acknowledge that M.E. Services is not responsible for any information that is not provided or is incorrect.

Taxpayer Signature:

Spouse Signature:



**Section 10: Comments and Concerns**

*\*(Please use the space below to include anything extra you would like us to note, discuss, or prepare for you.)\**