

# 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 for care:**

**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**