

# Tax Client Data Sheet

(Please include a copy of your last year's return)

TAXPAYER NAME _____	SPOUSE NAME _____
OCCUPATION _____	OCCUPATION _____
SSN _____ BIRTHDATE _____	SSN _____ BIRTHDATE _____
EMAIL _____	EMAIL _____
MAIN PHONE _____ EXT. _____ <input type="checkbox"/> CELL	MAIN PHONE _____ EXT. _____ <input type="checkbox"/> CELL
ALT. PHONE _____ <input type="checkbox"/> CELL	ALT. PHONE _____ <input type="checkbox"/> CELL
ADDRESS _____ APT # _____ CITY _____	STATE _____ ZIP _____

How did you hear about us? \_\_\_\_\_

Would you like information about our TUITION FREE Tax School in the Fall?  Yes  No

Dependents: ( List Youngest First) Name (First, Initial and Last Name)	Month, Day & Year of Birth	Dependent's SSN	Relationship to you	Months lived in your home this tax year ?

**CHECK ALL THAT APPLY**

- You and, if applicable, all your qualifying dependents have medical insurance.  
Who is your health insurance provider? \_\_\_\_\_ Did you have coverage the entire year (Jan. 1<sup>st</sup> – Dec 31<sup>st</sup>)?  Yes  No
- Someone else can claim you as a dependent.
- You and your spouse lived apart during the year. If yes, did you live together at any time after June 30?  Yes  No
- You paid *estimated* Federal or State taxes last year. Federal \$ \_\_\_\_\_ State \$ \_\_\_\_\_ State \$ \_\_\_\_\_
- You itemized last year. If yes, amount of Refund from / Balance Due to State \$ \_\_\_\_\_.
- You or your spouse were a resident of another state or earned income in another state during the last year.
- You purchased a home in 2008 and received the up to \$7,500 First-time Home Buyers credit.
- You were a student, had education expenses, or made student loan payments.

Would you like your refund deposited into your bank account?  Yes  No

Checking  Savings Routing Number \_\_\_\_\_ Account Number \_\_\_\_\_

Are you self employed?  Yes  No If yes, please fill out the Self Employed Income Data Sheet.

**CHECK ALL THAT APPLY**

<ul style="list-style-type: none"> <li>• Wage Statement – W-2s _____ (#)</li> <li>• Tips / Other Income</li> <li>• 1099s _____ (#)</li> <li>• Received Interest</li> <li>• Received Dividends</li> <li>• Sold Stocks or Bonds</li> <li>• Pension or Retirement Income</li> <li>• IRAs</li> </ul>	<ul style="list-style-type: none"> <li>• Received Unemployment</li> <li>• Social Security Income</li> <li>• Alimony (Paid or Received)</li> <li>• Buy or sell a home</li> <li>• Own Rental Property</li> <li>• Mortgage Interest</li> <li>• Mortgage Points (i.e. closing points)</li> <li>• Paid real estate taxes</li> </ul>	<ul style="list-style-type: none"> <li>• Property Tax</li> <li>• Sold a business asset</li> <li>• Farm Income</li> <li>• Paid qualified education expense</li> <li>• Made student loan payments</li> <li>• Medical Expense</li> <li>• Lottery or Gambling Winnings</li> <li>• Cancellation of Debt</li> </ul>	<ul style="list-style-type: none"> <li>• Charity or Religious Contributions</li> <li>• Significant Loss or Theft (federally declared disaster areas)</li> <li>• Have foreign bank account, trust or business</li> <li>• Gave a gift of more than \$15,000</li> <li>• Bankruptcy</li> </ul>
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**CHILD CARE INFORMATION** (Note: This information is required for each provider. Use the back of this sheet if more space is needed.)

Provider's Name \_\_\_\_\_ Provider's SSN/EIN \_\_\_\_\_

Provider's Address \_\_\_\_\_ Amount Paid to Provider \$ \_\_\_\_\_

I CERTIFY THAT I WOULD LIKE MY TAXES PREPARED ACCORDING TO THE INFORMATION I SUPPLIED ABOVE

Taxpayer's Signature \_\_\_\_\_ Date \_\_\_\_\_

Spouse's Signature \_\_\_\_\_ Date \_\_\_\_\_