



Client Data Sheet

TAXPAYERS INFORMATION

Social/ITIN: _____ DOB _____

First Name _____ M.I. _____ Last Name _____ Suffix _____

Are you claimed as a dependent on a taxpayer's return? Yes|No Are you permanently disable Yes|No

Job Title _____ Email _____

Cell Phone _____ Cell Provider _____

Filing Status: Single | Married Filing Jointly | Married Filing Separately | Head of Household | Qualifying Wid.

SPOUSE INFORMATION

Social/ITIN: _____ DOB _____

First Name _____ M.I. _____ Last Name _____ Suffix _____

Are you claimed as a dependent on a taxpayer's return? Yes|No Are you permanently disable Yes|No

Job Title _____ Email _____

Cell Phone _____ Cell Provider _____

ADDRESS INFORMATION

Street Address _____

City, State & Zip _____

*How did you hear about me? _____

*How much was your refund last year? \$ _____

***How would you like your refund?** Check | Direct Deposit | Prepaid Card

*If applicable: Name of Bank _____ Routing Number _____

Account Number _____ Account Number _____

Dependent(s) Name	DOB	SSN ITIN	How many months did dependent live with you?	Is dependent permanently disabled?

Y|N Do you own a home?

Y|N Do you owe student loans, back child support, IRS, or any state agency?

Y|N Did you or a dependent attend college, trade school, or a university?

Y|N Do you have any unfiled tax returns?

Y|N Do you authorize Peculiar Financial Firm to verify you have no federal or state obligations?

If Applicable, Childcare Information:

Name _____ Address _____

Amount paid for year _____ EIN|SSN _____



SELF EMPLOYED | HOME BASED BUSINESS | CONTRACTED AGENT

Do you have a business? Yes | No

Accounting Method: Cash

Year business started: _____

Type of Business: _____

Name of Business: _____

Gross Income: _____

Do you have proof of business expenses? Yes | No

What type of proof can you provide? _____

Business Expense: Be sure to provide annual totals for all expenses		
Start Up Expense:	Office expense:	Business Rent/Lease:
Insurance:	Business Phone:	Business Mileage:
Advertising:	Contract Labor:	Equipment:
Supplies:	Business Meals:	Office Supplies:
Taxes & Licenses:	Prof. Services:	Legal Exp.:
Utilities:	Commission:	Tax Prep. Fee:
Misc. Expense:		

PLEASE READ DISCLOSURE BELOW BEFORE SIGNING ANY DOCUMENT

By signing this form below, I certify that ALL information is true, complete, and accurate. I understand that false information may be grounds for the federal government to seek criminal charges against me. I release the preparer from any liability related to the information provided. My signature authorizes consent to electronically or paper file my tax return.

Taxpayer Signature _____ Date _____

Spouse Signature _____ Date _____