Patterson's Tax Practice
Client Data Sheet

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

TAXPAYER NAME ______________________ **SPOUSE** NAME ______________________

OCCUPATION ______________________ OCCUPATION ______________________

SSN ______________________ SSN ______________________

BIRTHDATE ______________________ BIRTHDATE ______________________

EMAIL ______________________ EMAIL ______________________

MAIN PHONE ______________________ CELL ☐ MAIN PHONE ______________________ CELL ☐

ALT PHONE ______________________ CELL ☐ ALT PHONE ______________________ CELL ☐

ADDRESS ____

Referred by? ____

Dependent Full Name	Date of Birth	Social Security Number	Relationship to Taxpayer	Months Lived in Home

1. Did you and, if applicable, all your qualifying dependents have medical insurance? Yes ___ No ___
2. Who is your health insurance provider? ______________________ Covered the entire year (Jan 1st-Dec 31st) Yes ___ No ___
3. Did you have Covered California health Insurance? (1095-A) Yes ___ No ___
4. Can someone else can claim you as a dependent? Yes ___ No ___
5. Did you and your spouse live apart during the year? If yes, did you live together at any time after June 30? Yes ___ No ___
6. Did you pay ***estimated*** Federal or State taxes last year? Federal $____________ State $______________
7. Were you or your spouse a resident of another state or earn income in another state during the last year? Yes ___ No ___
8. Were you a student or did you have educations expenses? Yes ___ No ___
9. Are you self-employed? Yes ___ No ___
10. Would you like to utilize a bank account for direct deposit of refunds? Yes ___ No ___
11. Would you like to utilize a bank account for direct debit of balances due? Yes ___ No ___

Bank Name______________________ **Checking** ___ **Savings** ___ **Routing #** ________________**Account #**____________________

CIRCLE ALL THAT APPLY

* W-2s _____ (#)	* Lottery or Gambling Winnings	* Paid for Medical/Dental/Vision Expenses
* 1099s_____(#)	* Sold a business asset	* Paid for qualified education expenses
* Tips/Other Income	* Own Rental Property	* Paid/Received Mortgage Interest
* Received Interest	* Farm Income	* Paid Property taxes
* Received Dividends	* Bought or sold a home	* Mortgage Points
* Sold Stocks/Bonds	* Cancellation of Debt	* Alimony (paid or received). Date of Divorce _____________
* IRAs	* Student loan payments	* Have foreign bank acct, trust or business
* Pension/Retirement	* Declared Bankruptcy	* Gave a gift of more than $19,000
* Unemployment	* Charity or Religious Contributions	* Had Significant Loss or Theft (federally declared disaster areas)
* Social Security	* Any other applicable information:	

CHILD CARE INFORMATION (Note: This information is required for <u>each</u> 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 PROVIDED

TAXPAYER Signature ______________________ **Date** ______________________

SPOUSE Signature ______________________ **Date** ______________________