

Patterson's Tax Practice Client Data Sheet

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

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

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. 1st – Dec 31st)? Yes No
- Did you Have Covered California Health Insurance? (1095-A). 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 to utilize a bank account for Direct Deposit of refunds Yes No
 or Direct Withdrawal of balance due?
 Checking Savings **Routing Number** _____ **Account Number** _____

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

CIRCLE ALL THAT APPLY

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