Patterson's Tax Practice Client Data Sheet

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

SSN BIRTHDATE SSN BIRTHDATE EMAIL	TAXPAYER NAME	SPOUSE NA	SPOUSE NAME				
EMAIL EMAIL EMAIL EMAIL CELL MAIN PHONE EXT. CALT. PHONE	OCCUPATION	OCCUPATION					
ALT. PHONE	SSNBIRTHDATE			SSN BIRTHDATE			
ALT. PHONE	EMAIL			EMAIL			
APT# CITY STATE ZIP How did you hear about us? Dependents (List Youngest First)	MAIN PHONE	EXT	CELL	MAIN PHONE		EXT	CELL
APT# CITY STATE ZIP How did you hear about us? Dependents (List Youngest First)	ALT. PHONE		CELL	ALT. PHONE		40,	CELL
Dependents: (List Youngest First) Name (First, Initial and Last Name) CHECK ALL THAT APPLY You and, if applicable, all your qualifying dependents have medical insurance.				APT#	CITY	STATE	ZIP
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 ^{st.} Dec 31 st)? 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 S State \$ S	How did you hear about us?		-				
You and, if applicable, all your qualifying dependents have medical insurance. Who is your health insurance provider?						Relationship to you	Months lived in your home this tax year ?
You paid estimated Federal or State taxes last year. Federal \$ State \$ State \$ You termized 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.	You and, if applicable, all your qualifyi Who is your health insurance provide Someone else can claim you as a dep	r?endent.	Did y				es □ No
CIRCLE ALL THAT APPLY * Wage Statement – W-2s(#) * Tips / Other Income * 1099s(#) * Received Unemployment * Social Security Income * Alimony (Paid or Received) * Received Dividends * Received Dividends * Sold Stocks or Bonds * Pension or Retirement Income * IRAs * Mortgage Points (i.e. closing points) * Paid real estate taxes * Charity or Religious Contribut * Significant Loss or Theft (fedd declared disaster areas) * Have foreign bank account, troop to you be a paid for paid in the state taxes * Medical Expense * Lottery or Gambling declared disaster areas) * Have foreign bank account, troop to you be a paid for paid in the state taxes * Cancellation of Debt * Bankruptcy * Bankruptcy * Bankruptcy * Bankruptcy * Cancellation of Debt * CHILD CARE INFORMATION * In the state taxes * Amount Paid to Provider \$	You itemized last year. If yes, amount You or your spouse were a resident of You purchased a home in 2008 and re You were a student, had education ex	of Refund from / Balance another state or earned eccived the up to \$7,500 penses, or made student your bank account?	ee Due to State \$income in another First-time Home But loan payments.	state during the lauyers credit.	ast year.		
CIRCLE ALL THAT APPLY Wage Statement – W-2s(#) Tips / Other Income Alimony (Paid or Received) Received Interest Buy or sell a home Received Dividends Received Dividends Mortgage Interest Mortgage Points (i.e. closing points) RAS CHILD CARE INFORMATION (Note: This information is required for each provider. Provider's Name Provider's Address Provider's Property Tax Sold a business asset Property Tax Property Tax Property Tax Sold a business asset Paid qualified education expense Paid qualified education Significant Loss or Theft (fed deducation expense Paid qualified education Paid		A. NAME A.CO. 10	02000 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	99 55 awar	es and 1800 15		
Wage Statement – W-2s	Vie Aon geli elibioleg : 162	□110 II yes, piec	ise illi out the sen t	_mployed income	Data Officet.		
Wage Statement – W-2s	CIRCLE ALL THAT APPLY						
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	 Tips / Other Income 1099s(#) Received Interest Received Dividends Sold Stocks or Bonds Pension or Retirement Income Social Security Income Alimony (Paid or Retirement Of Paid or Retirement Income) Mortgage Interest Mortgage Points (i.e. 		me eceived) ty e. closing points)	Sold a busin Farm Income Paid qualifie Made stude Medical Exp Lottery or Ga	 Sold a business asset Farm Income Paid qualified education expense Made student loan payments Medical Expense Lottery or Gambling Winnings Significant Loss or Theft declared disaster areas) Have foreign bank accour or business Gave a gift of more than seed to the properties of the propertie		oss or Theft (federally aster areas) bank account, trust
Provider's Address Amount Paid to Provider \$ I CERTIFY THAT I WOULD LIKE MY TAXES PREPARED ACCORDING TO THE INFORMATION I SUPPLIED ABOVE	CHILD CARE INFORMATION (Note: 1	his information is require	ed for <u>each</u> provide	r. Use the back o	of this sheet if more s	space is needed.)	
Provider's Address Amount Paid to Provider \$ I CERTIFY THAT I WOULD LIKE MY TAXES PREPARED ACCORDING TO THE INFORMATION I SUPPLIED ABOVE	Provider's Name	1478	Provide	er's SSN/EIN		×c	_
				t Paid to Provider	\$		_
			CALL PLANT				
Taxpayor 3 Orginature					MATERIAL PROPERTY AND ASSESSED.		
Spouse's Signature Date	Spouse's Signature				90000000		i i