

**TAX INTO CASH CLIENT DATA SHEET**    **Date** \_\_\_\_\_

Existing Client \_\_\_\_\_

New Client \_\_\_\_\_ Who prepared your Taxes last year \_\_\_\_\_

FILING STATUS	SINGLE	HEAD OF HOUSEHOLD	MARRIED FILING JOINTLY	MARRIED FILING SEPERATELY

If you are filing HEAD OF HOUSEHOLD, what qualifies you? In order to file HOH you need a lease and utility in your name.

\_\_\_\_\_

Do you need an IP-PIN to file due to Identity Theft? \_\_\_\_\_ If so, we need the paper from IRS.

Did you have marketplace insurance? \_\_\_\_\_ Did you receive unemployment? \_\_\_\_\_

Name \_\_\_\_\_ Spouse \_\_\_\_\_

SSN \_\_\_\_\_ SSN \_\_\_\_\_

DOB \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_ DOB \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

Occupation \_\_\_\_\_ Occupation \_\_\_\_\_

Home# \_\_\_\_\_ Home# \_\_\_\_\_

Cell# \_\_\_\_\_ Cell# \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email Address \_\_\_\_\_

DEPENDENT	SSN	DOB	RELATIONSHIP	MONTHS IN HOME

How long did the above dependent(s) live with you in the current tax year? \_\_\_\_\_

How long did you provide for the above dependent(s) in the current tax year? \_\_\_\_\_

What documents do you have or can bring back in to prove/support you cared for above dependent(s)? \_\_\_\_\_

\_\_\_\_\_

If this is not your own child, why are you caring for the dependent(s)? \_\_\_\_\_

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Where are the parents of the/these dependent(s) if you are not the parent? \_\_\_\_\_

Can the absent parent or anyone else claim the dependent? Yes or No

Where was the other (absent) parent? \_\_\_\_\_

Did you make more AGI than the absent parent? \_\_\_\_\_

Are you self-employed? \_\_\_\_\_ Did you file self-employment last year? \_\_\_\_\_

What documents do you have or can provide to support that you are self-employed?

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Did you attend college this year? Yes or No If so, do you have your 1098T form? Yes or No

Did you receive scholarships or grants? \_\_\_\_\_

Did you pay for childcare for any of the above dependents? Yes or No If yes, please list the care givers name

\_\_\_\_\_ address \_\_\_\_\_

Phone \_\_\_\_\_ EIN/SSN \_\_\_\_\_ How much for the year

Was paid \_\_\_\_\_ (you will need to provide a childcare form or W-10 form)

If the dependent(s) are over the age of 19, were they full time students? Yes or No If so, can the dependent(s) provide a 1098T form? Yes or No

Did your dependent receive scholarships or grants? \_\_\_\_\_

Were you disabled? Yes or No Do you receive SSI Benefits? Yes or No If yes, were the SSI Benefits for you or your dependent? \_\_\_\_\_ Are you allowed to work being on SSI? Yes or No

Were any of your dependent(s) disabled? Yes or No Name \_\_\_\_\_

What makes the dependent disabled? \_\_\_\_\_

What document(s) can be supplied to support the dependent or yourself being disabled? \_\_\_\_\_

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Have you ever been disallowed for EIC in any previous years? Yes or No

Are you required to file a form 8862 due to disallowance of EIC previously? Yes or No

**Please provide social security card for all applicants and dependents and a lease to prove your residence.**

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Clients Signature

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Spouse Signature

By signing this form you give Tax Into Cash permission to file your federal and state tax return for this year and you also authorize that all information on this form is true and correct Under Penalty for Perjury.

Additional Notes \_\_\_\_\_