

Name: _____

Phone: _____

<i>Filing Status</i>		
SS#	SS#	
First Name	First Name	
Last Name (as on SS Card)	Last Name (as on SS Card)	
Occupation	Occupation	
Date of Birth	Date of Birth	
<i>Residence</i>	<i>Contact Info</i>	
Street Address	Cell Phone	
City	Home Phone	
State	Email	
Zip		
<i>Dependents</i>		
<i>Child & Dependent Care</i>		
Provider Name		
Address		
Phone #		
SS# or Federal Tax ID#		
Amount Paid \$		
<i>Bank Info</i>		
Routing Number		
Bank Name		
Account #		
Type of Acct (1-savings, 2-checking)		
<i>Income</i>		
Other Income: _____		
Other Income: _____		
Other Income: _____		
Other Income: _____		

Itemized Expenses

Medical & Dental

Amount

Amount

Amount

Amount

Amount

Amount

Amount

Charitable Expenses

Amount

Non-Cash (i.e. Goodwill, Salvation Army)

Description

Tax Preparation Fee for the Prior Year

Education

Amount

Amount