

CUSTOMER DATA INFORMATION

Filing Status (please circle)

Single

Married- Filing Jointly

Married-Filing Separately

Head of Household

Qualifying Widower

Taxpayer		
SSN	<input style="width: 100%;" type="text"/>	Do you have Medical Insurance or Medicaid? YES NO
First Name	<input style="width: 100%;" type="text"/>	
Last Name	<input style="width: 100%;" type="text"/>	Are you? A dependent of another? YES NO
Birth Date	<input style="width: 20%;" type="text"/> <input style="width: 20%;" type="text"/> <input style="width: 20%;" type="text"/>	
Home Phone	<input style="width: 100%;" type="text"/>	Active-Duty Military? YES NO
Work Phone	<input style="width: 100%;" type="text"/>	
Cell Phone	<input style="width: 100%;" type="text"/>	Blind? YES NO
EMAIL	<input style="width: 100%;" type="text"/>	

Spouse		
SSN	<input style="width: 100%;" type="text"/>	Do you have Medical Insurance or Medicaid? YES NO
First Name	<input style="width: 100%;" type="text"/>	
Last Name	<input style="width: 100%;" type="text"/>	Are you? A dependent of another? YES NO
Birth Date	<input style="width: 20%;" type="text"/> <input style="width: 20%;" type="text"/> <input style="width: 20%;" type="text"/>	
Home Phone	<input style="width: 100%;" type="text"/>	Active-Duty Military? YES NO
Work Phone	<input style="width: 100%;" type="text"/>	
Cell Phone	<input style="width: 100%;" type="text"/>	Blind? YES NO
EMAIL	<input style="width: 100%;" type="text"/>	

Address _____ Apt _____	
City _____	
State _____	Zip _____
<u>Office Use Only</u>	
City _____	School District Code _____
Tax Rate _____	Tax Rate _____

How did you hear about us?		Search Engine:
<input type="checkbox"/> By Mail	<input type="checkbox"/> Newspaper	<input type="checkbox"/> Friend
<input type="checkbox"/> Internet	_____	
Where did you file your taxes last year?		
<input type="checkbox"/> Tax Time	<input type="checkbox"/> HR Block	<input type="checkbox"/> Jackson Hewitt
<input type="checkbox"/> Liberty	<input type="checkbox"/> Other	
<input type="checkbox"/> Online	_____	
Requested Preparer: _____		
Do you have a scheduled appointment? Yes No		