

Client Data Info for tax year.....											
Primary name (as shown on Social security card)					Spouse name ( as shown on Social security card)						
SSN:		Date of birth:			SSN:		Date of birth:				
Driver's License#	State	Issue date	Expire Date	Driver's License#	State	Issue date	Expire Date				
Email					Email						
Ocupation					Ocupation						
can anyone claim you as dependent?				Yes   No		can anyone claim you as dependent?				Yes / No	
Where you married as of 12/31 of the year you about to file?											
If married, live together			Yes/ No		If No, when did you separate						
Address					City:		State		Zip code		
State of residence		Phone #									
<b>Dependent(1rst, M.Initial &amp; Last Name) as shown on Social Security card</b>			<b>Date of birth MM/DD/YYYY</b>		<b>Social Security Number</b>		<b>Relationship with depend</b>		<b>Months lived in your Home in tax year claimed?</b>		
1)											
2)											
3)											
Can anyone else claim the dependent(s) Listed above							YES / NO				
<b>Expect refund? Bank name:</b>			<b>Account#</b>			<b>Routing#</b>		<b>Checking/Saving?</b>			
How many of each of the following income document/types do you have in year you about to file											
Type		how many?		Type		how many?		Self Employed? If yes what type of business		YES / NO	
W-2		1099 INT		Rental Income							
1099 NEC		1099 Div		Installment sales							
1099 MISC		1099-B		Like-kind exchanges							
1099 G		SSA-1099		Alimony received							
1099 R		K1-S corp		Rail Rd retirement							
1099 C		1099-S									
Check all the following life changes that may apply											
Bought or sold a home					Retired						
Married or divorced					Took \$ in fom 401k						
Bought or sold a business					Became disabled						
Sold stock					Received an inheritance						
Check any of the credit or deduction items that may apply											
Daycare expenses				Real Estate taxes land/ Home				Ilimony paid			
Medical expenses				State taxes				Taxes paid			
Education exp(1098T)				Auto/boat tax				Student interest pd			
Home Mortgage Int.				Charitable contribution				IRA contribution			
Disaster Loss								Foreign Tax paid			
2. Did you or any dependet or anyone on your behalf purchase health insurance from mkt place?							Yes / NO				
If yes did you receive form 1095-A			Yes / NO								
Do you or yours spouse owe the IRS?				YES / NO		If yes who?					
Do you want us to discuss your return with IRS?				YES / NO							
<b>We utilize the information provided by you to prepare your return without verification. Incorrect information may result in delays to your refund. I certify that the above information is accurate and correct to the best of my knowledge.</b>							Total Miles:		Business Mile:		
							Other expenses		Amounts		
							1)				
							2)				
							3)				
							4)				
							5)				
<b>Signature:</b>							<b>Date:</b>				