

# Client Information- Income Tax Return Data

Date \_\_\_\_\_

Your First Name \_\_\_\_\_ MI \_\_\_\_\_ Last \_\_\_\_\_ DOB \_\_\_\_\_ SS# \_\_\_\_\_

Spouse's Full Name \_\_\_\_\_ MI \_\_\_\_\_ Last \_\_\_\_\_ DOB \_\_\_\_\_ SS# \_\_\_\_\_

Cell Phone \_\_\_\_\_ Text? \_\_\_\_\_ Spouse's Cell \_\_\_\_\_ Text? \_\_\_\_\_ Home Phone \_\_\_\_\_

Email Address \_\_\_\_\_ Spouse email \_\_\_\_\_

Your Occupation \_\_\_\_\_ Spouses Occupation \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ (Own or Rent)

## Copies of Drivers License required (Front & Back)

How Did you hear about us... Internet/website \_\_\_\_\_ Relative Name \_\_\_\_\_ Co Worker's name \_\_\_\_\_ Friend Name \_\_\_\_\_ Radio \_\_\_\_\_ Yellow Pages \_\_\_\_\_ Drive by \_\_\_\_\_ Other \_\_\_\_\_

If you are due a refund, do you want Direct Deposit to your bank account? Y or N (please provide voided check or fill out the following.)

Bank Name \_\_\_\_\_ Routing # \_\_\_\_\_ Checking or Savings

Account # \_\_\_\_\_ ( must be an account with the tax payer's name; both if joint)

## Filing Status:

\_\_\_\_\_ Single ..... Can someone else Claim you? Y N Not Sure

\_\_\_\_\_ Married filing jointly

\_\_\_\_\_ Married filing Separate (Spouse's name \_\_\_\_\_ SS# \_\_\_\_\_)

\_\_\_\_\_ Surviving Widow(er) (w/ dependent child)

\_\_\_\_\_ Head of Household (unmarried or considered unmarried)

## Education Cost (check if applies)

\_\_\_\_\_ Paid student loan interest

\_\_\_\_\_ Paid college tuition/ course materials

\_\_\_\_\_ Education IRA Contribution

\_\_\_\_\_ Teacher paid for classroom supplies

\_\_\_\_\_ Bought or refinanced a home (We may need copy of closing statement)

## Events throughout the year (check if applies)

\_\_\_\_\_ Change in number of dependents

\_\_\_\_\_ Married/Divorced/Spouse died (circle one)

\_\_\_\_\_ You, spouse, or Dependent reached age 65

\_\_\_\_\_ Put Money into a IRA or Roth IRA

**Dependents:** List children living with you age 18 or younger. (If child is age 19 through 23 and attends school full time for at least 5 months during the year, place an "s" after the name to denote student)

First Name	Mid Int	Last name	DOB	Son/Daughter/Grandchild	SS#
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**Other dependent:** (list mother, father, child not listed above, etc)

First Name	Mid Int	Last Name	Relationship	Age	S.S.#	Gross Income	#months
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