

### **Client Data Sheet**

TAXPAYER NAME _____	SPOUSE NAME _____
OCCUPATION _____	OCCUPATION _____
SSN _____ DOB _____	SSN _____ DOB _____
ADDRESS _____	CITY _____ STATE _____ ZIP _____
PHONE _____	ALT PHONE _____
EMAIL _____	

<b>Dependents:</b> (List youngest first) (First, MI, Last Name)	<b>Date of Birth</b>	<b>Dependents SSN</b>	<b>Relationship to Taxpayer</b>	<b>Months lived in your home</b>

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#### **CHECK ALL THAT APPLY**

- ☐ Someone else can claim you as a dependent
- ☐ You and your spouse lived apart during the year
- ☐ You itemized last year on your return.
- ☐ You sold Real Estate last year.
- ☐ You purchased a new motor vehicle and paid state or local sales tax.
- ☐ You paid estimated Federal or State taxes last year.
- ☐ You used your personal vehicle for work and did not get reimbursed. (Do not check if you just commute)
- ☐ You paid state and local real estate taxes last year.

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#### **CHECK ALL THAT APPLY**

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Wage Statement – W-2's      | <input type="checkbox"/> Sold Stock or Bond    | <input type="checkbox"/> Mortgage Interest           |
| <input type="checkbox"/> 1099                        | <input type="checkbox"/> Received Unemployment | <input type="checkbox"/> Pension / Retirement Income |
| <input type="checkbox"/> Education / School Expenses | <input type="checkbox"/> Own Real Estate       | <input type="checkbox"/> Tax Preparation Expense     |
| <input type="checkbox"/> Property Tax                | <input type="checkbox"/> Tips or Other Income  | <input type="checkbox"/> Received Dividends          |
| <input type="checkbox"/> Union Dues                  | <input type="checkbox"/> Medical Expenses      | <input type="checkbox"/> Farm Income                 |
| <input type="checkbox"/> Social Security Income      | <input type="checkbox"/> Received Interest     | <input type="checkbox"/> Moving Expenses             |

- |  |  |                              |
|--|--|------------------------------|
| <input type="checkbox"/> Significant Theft or Loss | <input type="checkbox"/> Own a Business / Self | <input type="checkbox"/> IRA |
| <input type="checkbox"/> Alimony                   | Employment                                     |                              |
| <input type="checkbox"/> Gambling Winnings/Losses  | <input type="checkbox"/> Charity Contributions |                              |

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**Health Insurance Information**

Did you receive a 1095A for this current tax year? \_\_\_\_\_

**Childcare Provider's Information**

(Provide this information for each childcare provider you had last year. Use the back of this sheet if you need additional space.)

Dependent(s) Name that received childcare \_\_\_\_\_

Provider's Name \_\_\_\_\_ Provider's EIN/SSN \_\_\_\_\_

Provider's Address \_\_\_\_\_

Provider's Phone \_\_\_\_\_ Amount Paid to Provider \_\_\_\_\_

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**Miscellaneous Information**

\_\_\_\_\_

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**Refund Deposit Information**

How would you like your tax refund deposited?

- |   |                      |                   |
|---|----------------------|-------------------|
| <input type="checkbox"/> Check          |                      |                   |
| <input type="checkbox"/> Debit Card     |                      |                   |
| <input type="checkbox"/> Direct Deposit | Routing Number _____ | Acct Number _____ |

\_\_\_\_\_ **Would you like to apply for our Refund Cash Advance? ( Receive up to \$6,000 in 24 - 48 hours.)** Interest may apply.

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**I CERTIFY THAT I WOULD LIKE MY TAX RETURN PREPARED ACCORDING TO THE INFORMATION SUPPLIED ABOVE.**

**TAXPAYER SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**SPOUSE SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

