

Client Data Sheet

(Please include a copy of your last year's return)

TAXPAYER NAME _____ (M / F) SPOUSE NAME _____ (M / F)
 OCCUPATION _____ OCCUPATION _____
 SSN _____ BIRTHDATE _____ SSN _____ BIRTHDATE _____
 EMAIL _____ EMAIL _____
 ADDRESS _____ APT # _____
 CITY _____ STATE _____ ZIP _____
 MAIN PHONE _____ EXT. _____ ☐ CELL ALT. PHONE _____ ☐ CELL

Dependents: (List Youngest First) Name (First, Initial and Last Name)	Month, Day & Year of Birth	Dependent's SSN	Relationship to you	Months lived in your home this tax year ?

CHECK ALL THAT APPLY

- ☐ You and, if applicable, all your qualifying dependents have medical insurance.
 Who is your health insurance provider? _____ Did you have coverage the entire year (Jan. 1st – Dec 31st)? ☐ Yes ☐ No
- ☐ Someone else can claim you as a dependent.
- ☐ You and your spouse lived apart during the year. If yes, did you live together at any time after June 30? ☐ Yes ☐ No
- ☐ You paid *estimated* Federal or State taxes last year. Federal \$ _____ State \$ _____ State \$ _____
- ☐ You itemized last year. If yes, amount of Refund from / Balance Due to State \$ _____.
- ☐ You or your spouse were a resident of another state or earned income in another state during the last year.
- ☐ You purchased a home in 2008 and received the up to \$7,500 First-time Home Buyers credit.
- ☐ You were a student, had education expenses, or made student loan payments.

Would you like your refund deposited into your bank account? ☐ Yes ☐ No
☐ Checking ☐ Savings Routing Number _____ Account Number _____

Are you self employed? ☐ Yes ☐ No If yes, please fill out the Self Employed Income Data Sheet.

CIRCLE ALL THAT APPLY

<ul style="list-style-type: none"> • Wage Statement – W-2s • Tips / Other Income • 1099s • Received Interest • Received Dividends • Sold Stocks or Bonds • Pension or Retirement Income • IRAs • Received Unemployment 	<ul style="list-style-type: none"> • Social Security Income • Alimony (Paid or Received) • Buy or sell a home • Own Rental Property • Mortgage Interest • Mortgage Points (i.e. closing points) • Paid real estate taxes • Property Tax • Sold a business asset 	<ul style="list-style-type: none"> • Farm Income • Paid qualified education expense • Made student loan payments • Medical Expense • Lottery or Gambling Winnings • Cancellation of Debt • Charity or Religious Contributions • Significant Loss or Theft 	<ul style="list-style-type: none"> • Tax Preparation Expenses • Union Dues • Job Related Expenses or Training • Used personal vehicle for work • Business Expenses <ul style="list-style-type: none"> ○ Phone ○ Internet ○ Computers/Internet
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CHILD CARE INFORMATION

(Note: This information is required for each provider. Use the back of this sheet if more space is needed.)

Provider's Name _____ Provider's SSN/EIN _____
 Provider's Address _____ Amount Paid to Provider \$ _____

I CERTIFY THAT I WOULD LIKE MY TAXES PREPARED ACCORDING TO THE INFORMATION I SUPPLIED ABOVE

Taxpayer's Signature _____ Date _____
 Spouse's Signature _____ Date _____