



CUSTOMER DATA SHEET

This form is to assist you in gathering your income tax information. PLEASE BRING IN YOUR COPY OF LAST YEAR'S RETURN.

PRIMARY NAME _____	FILING STATUSES _____
SSN _____	PHONE _____
BIRTHDATE _____	EMAIL _____
OCCUPATION _____	ADDRESS _____
SPOUSE NAME _____	_____
SSN _____	_____
BIRTHDATE _____	_____
OCCUPATION _____	STATE (specify) _____

If someone else can claim you as a dependent, check here

IRA Contribution \$ _____	Alimony Paid \$ _____
Did you pay estimated Federal (1040ES)/State taxes? Yes / No	Recipient's SSN \$ _____
Federal \$ _____ Which State? ___ \$ _____	

INCOME

Check items which pertain to you and attach documentation.

- | | | |
|--|--|--|
| <input type="checkbox"/> Wage Statement (W-2) | <input type="checkbox"/> Pension, Retirement Income (1099-R) | <input type="checkbox"/> Installment Sale |
| <input type="checkbox"/> State Tax Refund (1099-G) | <input type="checkbox"/> Social Security (1099-SSA) | <input type="checkbox"/> Income from Rentals |
| <input type="checkbox"/> Interest (1099-INT) | <input type="checkbox"/> Partnership/S Corporation (K-1) | <input type="checkbox"/> Lottery or Gambling Winnings |
| <input type="checkbox"/> Dividends (1099-DIV) | <input type="checkbox"/> Estates/Trusts (K-1) | <input type="checkbox"/> Self-Employed Business Income |
| <input type="checkbox"/> Alimony | <input type="checkbox"/> Farm Income | <input type="checkbox"/> Commissions (1099-MISC) |
| <input type="checkbox"/> Did you sell any stock or real estate? | <input type="checkbox"/> Unemployment (1099-G) | <input type="checkbox"/> Tip/Other Income |
| <input type="checkbox"/> Did you buy or sell a personal residence? | | |

DEPENDENTS

Name (first, initial, and last name)	Date of birth	Dependent's SSN	Relationship	Months Lived in Your Home

CHILDCARE INFORMATION

Note: This information is required for *each* provider.

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