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| **CLIENT DATA SHEET**  **Tax Year \_\_\_\_\_\_\_\_\_\_\_\_ Filing status- circle that apply: SINGLE HOH MFJ MFS QW Prior Year Status \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**    **HOH check number that applies - 1. Never married 2. Divorced 3. Separated 4. Spouse deceased 5. Married but live apart from spouse last six months of the year.**  **Taxpayer Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SSN/ITIN NO: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Spouse's Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Sp) SSN/ITIN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Sp) Date of Birth:\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­\_\_\_ City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_\_\_\_\_ Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Home Phone: \_\_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Taxpayer (Cell) \_\_\_\_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Spouse(Cell): \_\_\_\_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Taxpayer email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Spouse email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Taxpayer Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Spouse's Occupation:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Can you be claimed as a dependent on someone else's taxes? \_\_\_\_YES \_\_\_\_NO Do you have any dependents? \_\_\_\_YES  \_\_\_\_NO**  **Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_ SSN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Month lived in\_\_\_\_ Dep .care \_\_\_\_\_\_**  **Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_ SSN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Month lived in\_\_\_\_ Dep .care \_\_\_\_\_\_**  **Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_ SSN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Month lived in\_\_\_\_ Dep .care \_\_\_\_\_\_**  **Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_ SSN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Month lived in\_\_\_\_ Dep .care \_\_\_\_\_\_**  **Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_ SSN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Month lived in\_\_\_\_ Dep .care \_\_\_\_\_\_**  **CHILD Care Provider’s name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **SSN/EIN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Provider’s Address:­­­­\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Amount: $\_\_\_\_\_\_\_\_\_\_\_\_\_**  **If more than one, Provider’s name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **SSN/EIN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Provider’s Address:­­­­\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Amount: $\_\_\_\_\_\_\_\_\_\_\_\_\_**  **# Did you or your dependent has any education expenses? Yes\_\_\_\_ No\_\_\_\_\_. Did you or your dependent receive 1098TForm? Yes\_\_\_\_ No \_\_\_\_\_. If yes, how many prior years’ American opportunity credit or Hope scholarship had been claimed\_\_\_\_\_\_\_\_? Did you have student loan interest? Yes \_\_\_\_\_\_ No \_\_\_\_\_\_\_.**  **# Are you a homeowner? \_\_\_\_YES \_\_\_\_NO. # Real Estate Taxes? $\_\_\_\_\_\_\_\_\_\_\_\_\_ #Mortgage interest $\_\_\_\_\_\_\_\_\_\_\_\_\_ # M. Insurance premium \_\_\_\_\_\_\_\_\_\_\_\_\_**  **# Did you claim First time home buyer credit at year 2008? yes\_\_\_\_ No\_\_\_\_. Did you purchase or sell a home that used as a principle residence? If yes, please provide closing documentation. # Did you have any Rental income? If yes, how much $\_\_\_\_\_\_\_\_\_\_\_\_\_.**  **# Any personal Property Taxes? (Ex. Vehicle taxes) $ \_\_\_\_\_\_\_\_\_\_\_\_\_ #Any Interest income (Form 1099-INT)? Yes\_\_\_\_\_\_ No\_\_\_\_\_\_\_.**  **# Did you receive Alimony? Yes \_\_\_\_\_ No \_\_\_\_\_\_. Did you have cancellation of debt? Yes\_\_\_\_\_ No\_\_\_\_\_\_.**  **# Did you have any Medical and/or Dental expenses? $\_\_\_\_\_\_\_\_\_\_\_\_ # Tax preparation fee $\_\_\_\_\_\_\_\_\_ # Moving expenses $ \_\_\_\_\_\_\_\_\_.**  **#Did you have any cash or non-cash contributions to charity? \_\_\_\_YES \_\_\_\_NO if yes, cash \_\_\_\_\_\_\_\_\_\_\_ non cash \_\_\_\_\_\_\_\_\_\_\_.**  **# Did you contribute to an IRA? \_\_\_\_\_YES\_\_\_\_\_\_NO. # Did you have any 1099-Retirement Distributions? \_\_\_\_YES \_\_\_\_NO**  **# Did you have any self-employment income? \_\_\_\_YES \_\_\_\_NO, If yes Schedule C data sheet required**  **# Did you sell any stocks or bonds? \_\_\_\_YES \_\_\_\_NO. # Did you have any Social Security income? \_\_\_\_YES \_\_\_\_NO**  **# Did you itemize prior year? YES \_\_\_\_NO \_\_\_\_\_ If yes, Need to report your prior year state refund (Form1099-G)? $ \_\_\_\_\_\_\_\_\_\_\_.**  **# Did you or your spouse has any unemployment income (From1099G) Yes\_\_\_\_\_\_ No\_\_\_\_\_.**  **Did you or your spouse have any IRS debt? Yes\_\_\_\_\_ No\_\_\_\_\_. If yes, may cause Tax refund reduced or delay.**  **# Did you receive any income not shown in this organizer? If so, Please list \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Would you like your refund deposited into your bank account? Yes\_\_\_\_\_ No\_\_\_\_\_. Bank name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Routing number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Account number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Checking\_\_\_\_ or Savings\_\_\_\_.**  **I declare under penalty of perjury, under the laws of the IRS, that all statements contained in this organizer and accompanying documents is true and correct. I would like my taxes prepared according to the information I supplied above. I agree to pay a** $20 **fee at the time of service, once my data has been entered, if I decide not to have my Tax Return prepared by S&S Taxpro Service.**    **Taxpayer Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_ Spouse Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_** |