



CLIENT DATA SHEET

(New clients please provide copy of last year's tax return)

Tax Payer Name _____ Spouse Name _____
 Occupation _____ Occupation _____
 SSN _____ Birth Date _____ SSN _____ Birth Date _____
 Tax Payer Phone _____ Spouse Phone _____
 Tax Payer Email _____ Spouse Email _____
 Address _____

Dependents Name (List youngest First)	Birth Date	Social Security #	Relationship to You	Months Lived in Home

Check All That Apply

- You and, if applicable, your dependents have medical insurance
 If so what type of Insurance and how long did you have it? _____
 - Can someone else claim you as a dependent
 - Have you and your spouse lived apart during the year. If yes, did you live together at any time after June 30th Yes No
 - Did you or your spouse reside in another state or earned income in another state last year?
 - Did you purchase a home in 2008 and received up to \$7,500 First Time Home Buyers Credit?
 - Did you or your dependent, have education expenses, or made student loan payments?
 - Are you interested in receiving Immigration Services, Power of Attorney, Letters or Wills?
- Are you self-employed? Yes No

Would you like your refund deposited into your Bank Account? Yes No

Checking Savings Routing Number _____ Account Number _____

PLEASE CHECK MARK ALL THAT APPLY TO YOU

Wages Statement W2	Buy or Sell a Home	Medical Expenses	
Tips or Other Income	Own Rental Property	Mortgage Interest	
1099	Sold A Business Asset	Mortgage Points (i.e. Closing Points)	
Received Interest	Farm Income	Paid Real Estate Taxes	
Received Dividends	Lottery or Gambling Winnings	Property Taxes	
Sold Stocks or Bonds	Cancellation of Debt	Charity or Religious Contributions	
Pension/Retirement Income	Moving Expenses	Used Personal Vehicle for Work	
Contribution to IRAs	Paid Qualified Education Expenses		
Received Unemployment	Made Student Loan Payments		
Social Security Income	Received Home Buyer Credit in 2008		
Alimony (Paid or Received)	Child Care Expenses		

• *For New Clients: How did you hear about us?* _____

I certify that I would like my taxes prepared according to the information provided above.

Tax Payer Signature _____ Date _____

Spouse's Signature _____ Date _____