



TAXPAYER'S INFORMATION SHEET
(Please bring a copy of your last year's tax return)

TAXPAYER NAME _____ SPOUSE NAME _____
OCCUPATION _____ OCCUPATION _____
SSN / ITIN _____ BIRTHDATE _____ SSN / ITIN _____ BIRTHDATE _____
ADDRESS _____ APT # _____
CITY _____ STATE _____ ZIP _____ EMAIL _____
PHONE (CELL) _____ PHONE (DAY) _____ PHONE (EVE) _____

DEPENDENTS INFORMATION

Table with 5 columns: FIRST NAME, INITIAL, LAST NAME (LIST YOUNGEST FIRST), BIRTHDATE, DEPENDENT'S SSN / ITIN, RELATIONSHIP TO YOU, HOW MANY MONTHS DEPENDENT LIVED IN YOUR HOME DURING TAX YEAR?

CHECK ALL THAT APPLY

- Checkboxes for: You and, if applicable, your dependents have medical insurance... 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 30th? YES NO... You paid estimated Federal or State Tax Payments last year... You itemized last year... You or your spouse were a resident of another state... You purchased a home in 2008... You were a student... Are you self-employed? YES NO Date the business started _____

Would you like your refund deposited directly into your bank account? YES NO
Account Type: Checking Savings
Routing Number _____ Account Number _____
Name of Financial Institution _____

NEXT PAGE ->

CHECK ALL THAT APPLY

Wage statement
W-2s
Tips/Other Income
1099s
Received unemployment
Social Security income
Received interest
Received dividends
Sold stocks or bonds
Farm income
Lottery or gambling winnings

Buy or sell a home
Own rental property
Received home buyer credit in 2008
Mortgage interest
Mortgage points (i.e. closing points)
Paid real estate taxes
Property tax
Sold a business asset
Pension or retirement Income
IRAs
Cancellation of debt

Medical, dental, vision expenses
Made student loan payments
Paid qualified education expenses
Union dues
Job related expenses or training
Used personal vehicle for work
Moving expenses
Significant loss or theft
Charitable or religious contributions
Tax preparation expense
Alimony (Paid or Received)

CHILD CARE INFORMATION

Provider's Name (Business Or Individual) _____
Provider's SSN or EIN _____ Phone Number _____
Provider's Address _____
Total Amount Paid For The Tax Year _____

IF YOU QUALIFY FOR EARNED INCOME TAX CREDIT (EITC)

(Please bring with you)

- Proof of relationship for your qualifying children
(Birth certificate, marriage certificate, adoption records, court records, etc.)
- Proof that your qualifying children lived with you more than half of the tax year
(Medical records, school records, Social Services or placement agency records, landlord's statement etc.)

HOW DID YOU HEAR ABOUT US?

Referred by a Friend *(please provide full name)* _____
Social Media _____ Website _____ Newsletter _____ Newspaper _____ Other _____

I CERTIFY THAT I WOULD LIKE MY TAX RETURN PREPARED ACCORDING TO THE INFORMATION I PROVIDED ABOVE

Taxpayer's Signature _____ Date _____

Spouse's Signature _____ Date _____