



CLIENT INFORMATION SHEET

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

TAXPAYER NAME _____

SPOUSE NAME _____

SSN _____ BIRTHDATE _____

SSN _____ BIRTHDATE _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

PHONE (DAY) _____ PHONE (EVE) _____

EMAIL ADDRESS _____

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?

CHECK ALL THAT APPLY

- Someone else can claim you as a dependent.
- You and your spouse lived apart during the year.
- 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 use your personal vehicle for work and did not get reimbursed (excluding commuting).
- You Purchased your first home in, 2009.

CIRCLE ALL THAT APPLY

- | | | |
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| <ul style="list-style-type: none"> • Wage Statement – W-2s • 1099s • IRAs • Sell Stocks or Bonds • Moving Expenses • Received Unemployment • Alimony (Paid or Received) • Buy or sell a home • Own Rental Property | <ul style="list-style-type: none"> • Received Interest • Received Dividends • Pension or Retirement Income • Social Security Income • Own a Business or Self Employed • Tips / Other Income • Farm Income • Education Expense • Lottery or Gambling Winnings | <ul style="list-style-type: none"> • Charity or Religious Contributions • Property Tax • Mortgage Interest • Mortgage Points (i.e. closing points) • Medical Expense • Tax Preparation Expenses • Union Dues • Job Related Expenses or Training • Significant Loss or Theft |
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MISCELLANEOUS ITEMS

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 _____