

Client Data Sheet _____ Tax Year

You will need: All Income Information such as W2's, 1099, and 1098 forms received. Social Security Cards for all persons on your tax return. Valid Picture ID for you and your spouse.	Please complete all pages. You are responsible for the information on your tax return; you must provide us with complete and accurate information.
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Section 1 - Your Information

Your First Name		Middle Initial	Last Name		Your Social Security Number	
Spouse's First Name		M.I.	Last Name		Spouse's Social Security Number	
Mailing Address			Apt #	City	State	Zip Code
Daytime Phone:		Evening Phone:		Cell:	E-mail:	
Your Date of Birth		Occupation		Last year, were you: (1) a Full time Student - YES NO (2) Totally & Permanently Disabled - YES NO (3) Legally Blind - YES NO		
Spouse's Date of Birth		Spouse's Occupation		Last year, was your spouse: (1) a Full time Student - YES NO (2) Totally & Permanently Disabled - YES NO (3) Legally Blind - YES NO		
Your Picture ID: Type & ID # ID Address Matches Current Mailing Address? YES NO			State Issued	Expiration Date	States You Lived in Last Year and dates	
Spouse's Picture ID: Type & ID # ID Address Matches Current Mailing Address? YES NO			State Issued	Expiration Date	States Your Spouse Lived in Last Year and dates	
Can anyone claim you or your spouse on their tax return? YES NO				Have you or your spouse been a victim of identity theft? YES NO		

Section 2 - Marital Status/Household Information: Check the box below that describes your marital situation on the last day of the year.

As of Dec. 31 st , were you:	<input type="checkbox"/>	Unmarried	
	<input type="checkbox"/>	Married	
	<input type="checkbox"/>	Divorced or Legally Separated - Date of Final Decree or Separate Maintenance Agreement:	
	<input type="checkbox"/>	Widowed - Year of Spouse's Death:	
Did you live with your spouse during any part of the last 6 months of the year? (At any time from July 1 to December 31) If YES, your filing status will be MFJ or MFS.			Yes No

Section 3 - Dependents: List the names of everyone who lived with you last year (other than your spouse) and anyone you supported but did not live with you last year.

Name (First and Last)	Social Security Number	Date of Birth	Relationship to You (Son, daughter, niece, nephew, parent, none, etc.)	# of months lived in your home last year	U.S. Citizen? (Yes/No)	Resident of U.S., Canada, Mexico last year (Yes/No)	Full-time Student last year (Yes/No)	Totally & Permanently Disabled (Yes/No) Must have Physician's Certification	Can this person be claimed as a dependent by someone else? (Yes/No)	Did this person provide more than half of their own support? (Yes/No)	Did this person have <u>income</u> or receive any <u>benefits</u> ? How much?	I provided more than 50% of support for this person? (Yes/No)	I paid more than half of the cost of maintaining a home for this person? (Yes/No)

I am claiming my biological child but I am not the custodial parent. If Yes, Form 8332 is required for divorces after 2008 and for divorces before 2009 w/o divorce decree specification.	Yes	No
I am claiming a child who is not my son or daughter. If Yes, explain why the parents are not claiming the child.	Yes	No
Can you provide medical or school records proving the child lived with you?	Yes	No
Can you provide birth certificates for the child OR the placement paperwork for an adopted or foster child from an authorized agency or court?	Yes	No

Section 4 - Your Income Information: You record the number of forms you give to your preparer/your preparer verifies the form and number received.

For the tax year did you or your spouse receive:	How Many Forms?	Preparer's Initials	Did you or your spouse receive:	How Many Forms?	Preparer's Initials
W-2s			1099-C Cancellation of Debt		
1099-G Unemployment/State Refund			1099-B Sale of Stock		
W-2G Gambling Income			1099-MISC		
1095-A Marketplace Ins Statement			1099-S Sale of a Home		
Schedule K-1			Self-Employment Income	\$ Amt	
1099-INT Interest Income			Rental Income	\$ Amt	
1099-DIV Dividend Income			Farm Income	\$ Amt	
1099-SSA Social Security Income			Alimony Received	\$ Amt	
1099-R Retirement Income			Disability Income, SSI, TANF, Food Stamps, etc.	\$ Amt	
Is this military retirement? Yes/No					

Section 5 – Expenses – For the tax year did you or your spouse pay:

Alimony If Yes, provide the recipient's Name & SSN:	Yes	No
Post-secondary educational expenses for you, your spouse, or dependent (Form 1098-T is required)	Yes	No
Student Loan Interest (Form 1098-E is required)	Yes	No
Child or dependent care expenses (Statement from care provider is required)	Yes	No
Unreimbursed employee business expenses (Form 2106/expense documentation & paid receipts are required)	Yes	No
Medical Expenses (Paid receipts are required)	Yes	No
Home Mortgage Interest & Real Estate Taxes (Form 1098 is required)	Yes	No
Charitable Contributions (Receipts from qualified organizations are required)	Yes	No
Expenses related to Self-Employment Income (Schedule C/expense documentation & paid receipts are required)	Yes	No

Section 6 – Other Events – For the tax year did you or your spouse:

Owe back taxes, child support, or a student loan and are not current on the payments?	Yes	No
Have a debt cancelled or forgiven and received a Form 1099-C?	Yes	No
Sell a home or have a foreclosure of your home? (Form 1099-S or 1099-A)	Yes	No
Receive 1 st Time Homebuyer's Credit in 2008? If Yes, what is the repayment amount:	Yes	No

Section 7 – Health Care Coverage (Our ACA Check Sheet must be completed, signed, & dated) – Check the applicable boxes:

For the tax year did you have healthcare coverage for you taxpayer, your spouse, and all dependents?	Yes	No
Did you or your spouse purchase a policy through the Marketplace or receive an advance payment from the Marketplace to help pay your premiums? (Form 1095-A required for your tax return preparation)	Yes	No

Check the applicable boxes indicating the health care coverage status for everyone listed on the return.

Had Health Care Coverage in the tax year	For the entire year (all 12 months)	Had only part year (Less than 12 months)	Months Covered for Part-Year Coverage During the Year	Had No Health Insurance During the Year
Taxpayer				
Spouse				
Dep 1				
Dep 2				
Dep 3				
Dep 4				

Section 8 – Additional Comments/Information to Note and Signatures

Taxpayer's Signature/Date

Spouse's Signature/Date

My/Our signature(s) above confirms that the information on this Client Data Sheet (front and back and supplemental sheets) was furnished by me/us to the preparer. I understand that appropriate supporting documentation may be requested by the IRS or the preparing company. My/Our signature(s) confirms that I/we have that documentation readily available and hold the preparing company blameless if subsequent adjustment to my tax return occurs due to my/our inability to provide requested documentation.

Preparer's Signature/Date