



Name (Please Print) _____

Date _____

Current Address _____

City _____

State _____

Zip _____

Filing Status (circle one)

Single

Married/Joint

Married/Separate

Head of Household

Widow w/child

Dependent Information (New Clients)

First Name	Last Name	SS#	Birthdate	Relationship	Number of Months Lived With You
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Please check the forms that you will present to the tax preparer and list the employer and/or issuing agency for each document.

Tax Document

Employer/Issuing Agent

___ **Business** ___ **Rental Property**

___ W-2 _____

Income Amount _____

___ W-2 _____

Net Income _____

___ W-2 _____

Expenses _____

___ W-2 _____

Expenses _____

___ Mortgage Interest Statement *Amount:* _____

Expenses _____

___ Real Estate Taxes *Amount:* _____

Expenses _____

___ Church Contributions *Amount:* _____

Expenses _____

___ 1098T _____

Expenses _____

___ 1099 _____

Expenses _____

___ 1099 _____

Mileage:

___ Rental Property Info _____

Year/Make/Model _____

___ 1099 INT _____

Ending Mileage Reading _____

___ Schedule D (stocks) _____

Business Miles for Year _____

___ Dependent Care Statement *Amount* _____

Direct Deposit Yes ___ No ___

___ Other _____

Routing # _____

Account # _____

Client's Signature _____ **Date** _____

Contact Phone # _____

Preparer's Signature _____ **Date** _____

Email _____