

# TAXPAYER INFORMATION SHEET



## Part I. Taxpayer Information. (Please Print)

Primary Name: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ SSN: \_\_\_\_-\_\_\_\_-\_\_\_\_  
Phone: (Primary) \_\_\_\_\_ (Alternate) \_\_\_\_\_  
E-Mail: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ SSN: \_\_\_\_-\_\_\_\_-\_\_\_\_  
Phone: (Primary) \_\_\_\_\_ (Alternate) \_\_\_\_\_  
E-Mail: \_\_\_\_\_

Home Address: \_\_\_\_\_  
Filing Status: ☐ Single ☐ Married ☐ Married (Filing Separately)  
☐ Head of Household ☐ Widow(er)  
\*\*If someone can claim you as a dependent, check here ☐

## Part II. Family / Dependent Information. (Do not include yourself or your spouse.)

| First & Last Name<br>(As it appears on social security card) | Date of Birth<br>(mm/dd/yyyy) | Social Security Number<br>or ITIN | Relationship to You<br>(Son, Daughter, etc.) | Months in<br>Your Home |
|--|-------------------------------|-----------------------------------|--|------------------------|
| 1  |                               |                                   |  |                        |
| 2  |                               |                                   |  |                        |
| 3  |                               |                                   |  |                        |
| 4  |                               |                                   |  |                        |

## Part III. Items Needed to Complete Your Tax Return (Please check all items that you have with you today.)

|   |  |   |  |
|---|--|---|--|
| <input type="checkbox"/> Personal Identification<br><input type="checkbox"/> Drivers License<br><input type="checkbox"/> State ID<br><input type="checkbox"/> Passport<br><input type="checkbox"/> Utility Bill | <input type="checkbox"/> Income Sources & Expenses<br><input type="checkbox"/> W-2s<br><input type="checkbox"/> Self Employment income / 1099-MISC<br><input type="checkbox"/> Commissions you received<br><input type="checkbox"/> Pension or retirement income / 1099-R<br><input type="checkbox"/> Unemployment income / 1099-G<br><input type="checkbox"/> Social Security income / SSA-1099<br><input type="checkbox"/> Alimony paid or received<br><input type="checkbox"/> Lottery or gambling winnings/losses<br><input type="checkbox"/> Interest income<br><input type="checkbox"/> Stocks / Bonds<br><input type="checkbox"/> IRA Contributions | <input type="checkbox"/> Rental Income or Expenses<br><input type="checkbox"/> Child Care<br><input type="checkbox"/> Medical / 1095-A<br><input type="checkbox"/> Work Related<br><input type="checkbox"/> Tuition / 1098-T<br><input type="checkbox"/> Student Loan / 1098 -E<br><input type="checkbox"/> Charitable contributions<br><input type="checkbox"/> Casualty or theft loss<br><input type="checkbox"/> Mileage | <input type="checkbox"/> Banking<br>If you want your refund deposited into a checking or savings account. You must provide a voided check showing the routing and account numbers. |
|---|--|---|--|

## Part IV. Child Care Expenses & Provider Information.

Provider's Name: \_\_\_\_\_ Provider's Name: \_\_\_\_\_  
Provider's Address: \_\_\_\_\_ Provider's Address: \_\_\_\_\_  
Provider's SSN/EIN: \_\_\_\_\_ Provider's SSN/EIN: \_\_\_\_\_  
Amount Paid to Provider: \$ \_\_\_\_\_ Amount Paid to Provider: \$ \_\_\_\_\_

All information provided will be protected from unauthorized use. Federal regulations require that certain information be maintained, while other information is needed for analysis and subsequent year tax preparation. By electing to file your return electronically, you understand that we can keep your taxpayer information on file.

\_\_\_\_\_  
Your Signature

\_\_\_\_\_  
Spouse Signature