



# Discount Tax Service's Client Data Sheet



TAXPAYER'S NAME \_\_\_\_\_ SPOUSE'S NAME \_\_\_\_\_  
 OCCUPATION \_\_\_\_\_ OCCUPATION \_\_\_\_\_  
 SSN \_\_\_\_\_ BIRTHDATE \_\_\_\_\_ SSN \_\_\_\_\_ BIRTHDATE \_\_\_\_\_  
 ADDRESS \_\_\_\_\_ APT # \_\_\_\_\_  
 CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
 PHONE (DAY) \_\_\_\_\_ PHONE (EVE) \_\_\_\_\_ EMAIL \_\_\_\_\_

DEPENDENTS: (List youngest first) Name (First, Last)	Date 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?

Did you itemize last year?

You or your spouse were a resident of another state or earned income in another state during the tax year?

Would you like your refund deposited into your bank account?    Yes                      No

Checking      Savings      Routing Number \_\_\_\_\_      Acc Number \_\_\_\_\_

Are you self employed?    Yes    No    If yes, please complete a Self Employed Income Data Sheet.

### CIRCLE ALL THAT APPLY

- Wage statements—W2
- 1099's
- Sell Stocks or Bonds
- Moving Expenses
- Received Unemployment
- Alimony (Paid or Received)
- Buy or sell a home
- Own Rental Property
- Received Interest
- Received Dividends
- Pension or Retirement Income
- Social Security Income
- Own a Business or Self Employed
- Tips / Other Income
- Farm Income
- Lottery or Gambling Winnings
- Charity or Religious Contributions
- Property Tax
- Mortgage Interest
- Mortgage Points (i.e. closing points)
- Tax Preparation Expenses
- Union Dues
- Job Related Expenses or Training
- Significant Loss or Theft

Concerns or Tax Questions?

\_\_\_\_\_

### 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 \_\_\_\_\_ Providers 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 \_\_\_\_\_