



Client Data

***Taxpayer Information**

SSN:	DOB: / /	DOD: / /
First Name:	Middle Name:	Last Name:
Home Phone:	Work:	Cell:
Occupation:	Email:	
Are you a dependent on another return: YES or NO		
Did you attend school (COLLEGE/INSTITUTE) the year you are filing taxes: Yes or No (if yes, expense amount \$ _____)		

***Filing Status:**

- Single**
 Married Filing jointly
 Married Filing Separately (If MFS, did you live together at ANY time during the tax year?
 Y N if so, did you live together during the final 6 month? Y N)
 Head of Household
 Qualifying Widower

***Spouse Information**

SSN:	DOB: / /	DOD: / /
First Name:	Middle Name:	Last Name:
Home Phone:	Work:	Cell:
Occupation:	Email:	

***Address Information**

Home Address:	Apt. No:
City:	Zip:

***Direct Deposit Information**

Bank Name:	RT#:	ACC#:	<input type="checkbox"/> C or <input type="checkbox"/> S
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***Refer By**

First Name:	Last Name:
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***Dependents – Children and other qualifying individuals**

First Name:	Last Name:	DOB: / /
SS#:	Relationship:	# of month live with you:

First Name:	Last Name:	DOB: / /
SS#:	Relationship:	# of month live with you:

First Name:	Last Name:	DOB: / /
SS#:	Relationship:	# of month live with you:

***Signature:**

Taxpayer Signature: _____ Date _____ Spouse Signature: _____ Date _____ (if a joint return, both Clients must sign) By my signature, I agreed that the above information is true and correct, and I / we understand that the information given on this questionnaire will be used to complete my tax return(s). I / We agree to hold this company harmless for any errors that they may make on my / our tax return. I / We also understand that error on my / our return will cause a delay in the processing of the return and the receipt of the refund, if any.



Profit Or Loss For Business

A. Principal Business or Profession: _____

B. Business Name: _____ (if no business name leave blank)

C. Employer ID: _____

D. Business Address: _____

City, State, ZIP: _____

E. Accounting Method:

- 1.Cash _____
- 2.Accural _____
- 3.Other _____

F. Income:

Gross Receipts or Sales _____

Gross merchant card _____

Is this income not subject to self-employment tax Yes _____ No _____ (please initial next to your answer.)

Expenses

Advertising \$ _____

Office expense \$ _____

Vehicles, machinery, and equipment \$ _____

Mortgage interest..... \$ _____

Utilities..... \$ _____

Tax License..... \$ _____

Repairs and maintenance \$ _____

Material and supplies..... \$ _____

Travel \$ _____

Deductible meals and entertainment \$ _____

Gas \$ _____

Uniform \$ _____

Cell phone \$ _____

Contract Labor \$ _____



Other expenses \$ _____

Mileages

Year and model of vehicle _____

Original Cost or Basis _____

Total vehicle mileages _____

Commute mileage..... _____

Business Mileages..... _____

ESTIMATED TAX PAYMENTS YOU HAVE MADE

(Important – Needed for Verification)

	APRIL 1 ST QUARTER		JUNE 2 ND QUARTER		SEPTEMBER 3 RD QUARTER		JANUARY 4 TH QUARTER		TOTAL
	Date	Amount	Date	Amount	Date	Amount	Date	Amount	
FEDERAL									
STATE									
LOCAL									

{Please Circle One}

Do you have the proper documentation to support the information above? **YES** **NO**

Client is responsible for keeping documentation supporting the information above at least for three years.

Signature

Your Signature _____

Spouse's Signature _____ *(if a joint return, both clients must sign)*

By my signature, I agree that I provided the information above to the best of my knowledge, and I / we understand that the information given on this questionnaire will be used to complete my tax return(s). I declare that I have examined this information it is true, correct, and complete.

For Office Use Only

Process Checklist (to be included in customer file)

- Scan and/or make copies of all forms; W-2, 1099, ID, Social Security cards, and etc. documents
- Client Data sheet filled out and Sign
- Signature on:
 - 8879/Pin #
 - Bank application
 - Schedule C
 - Schedule CEZ
 - Form 8867