



Client Data Sheet

Taxpayer:			Spouse:		
Address:			Address:		
City:	State:	Zip:	City:	State:	Zip:
Phone 1:	Phone 2:		Phone 1:	Phone 2:	
Email:			Email:		
Social Security Number:			Social Security Number:		
ID Number:			ID Number:		
Date of Birth:			Date of Birth:		

Were you and your spouse living together the last 6 months of the year? _____

Dependent Name	Date of Birth	Social Security #	Months in Home

Income	How Many	Deductions	Amount
W-2		Medical Expenses	
1099-G		Real Estate Taxes	
1099-INT		Personal Property Taxes	
1099-DIV		Mortgage Interest	
SSA-1099		Investment Interest	
1099-MISC		Job Expenses	
W-2G		State and Local Income Tax	
1099-R		General Sales Tax	
1099-B		Legal Expenses	

Taxpayer Signature: _____ Date: _____

Occupation: _____

Spouse Signature: _____ Date: _____

Occupation: _____