



CLIENT DATA SHEET

Tax Year _____ Filing status- circle that apply: SINGLE HOH MFJ MFS QW Prior Year Status _____

HOH check number that applies - 1. Never married 2. Divorced 3. Separated 4. Spouse deceased 5. Married but live apart from spouse last six months of the year.

Taxpayer Name: _____ SSN/ITIN NO: _____ Date of Birth: _____

Spouse's Name: _____ (Sp) SSN/ITIN: _____ (Sp) Date of Birth: _____

Address _____ City _____ State _____ Zip _____

Home Phone: _____ - _____ Taxpayer (Cell) _____ - _____ Spouse(Cell): _____ - _____

Taxpayer email: _____ Spouse email: _____

Taxpayer Occupation: _____ Spouse's Occupation: _____

Can you be claimed as a dependent on someone else's taxes? ____YES ____NO Do you have any dependents? ____YES ____NO

Name: _____ DOB: _____ Relationship: _____ SSN: _____ Month lived in ____ Dep .care _____

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Name: _____ DOB: _____ Relationship: _____ SSN: _____ Month lived in ____ Dep .care _____

CHILD Care Provider's name: _____

SSN/EIN: _____ Provider's Address: _____ Amount: \$ _____

If more than one, Provider's name: _____

SSN/EIN: _____ Provider's Address: _____ Amount: \$ _____

1. Did you have health insurance from marketplace, Other than Medicaid/Medicare or from your employer? Yes _____ No _____. **1095A** form required.
2. Did you or your dependent has any education expenses? Yes _____ No _____. Did you or your dependent receive **1098T** Form? Yes _____ No _____. If yes, how many prior years' _____ American opportunity credit or Hope scholarship had been claimed? Did you have student loan interest **1098E**? Yes _____ No ____.
3. Did you claim First time home buyer credit at year 2008? yes _____ No _____. Did you purchase or sell a home that used as a principle residence? If yes, please provide closing documentation. Did you have any Rental income? If yes, how much \$ _____.
4. Did you have any Interest income (Form **1099-INT**)? Yes _____ No _____.
5. Did you contribute to an IRA? ____YES ____NO. Did you have any **1099-R** Retirement Distributions? ____YES ____NO
6. Did you receive Alimony? Yes _____ No _____. Did you have cancellation of debt? Yes _____ No _____.
7. Did you have any self-employment income? ____YES ____NO, or did you receive **1099-MISC** form?
8. Did you sell any stocks or bonds? ____YES ____NO. Did you have any Social Security income? ____YES ____NO
9. Did you or your spouse has any unemployment income (From **1099G**) Yes _____ No _____.
10. Did you itemize prior year? YES ____NO ____ If yes, Need to report your prior year state refund (Form **1099-G**)? \$ _____.
11. Did you or your spouse have any IRS debt? Yes _____ No _____. If yes, may cause Tax refund reduced or delay.

**** For Itemize deduction please fill out Itemized Deduction (Schedule A) client data sheet**

**** For Self-employed please fill out Self-employed (Schedule C) client data sheet**

Would you like your refund deposited into your bank account? Yes _____ No _____. Bank name _____

Routing number _____ Account number _____ Checking _____ or Savings _____.

I declare under penalty of perjury, under the laws of the IRS, that all statements contained in this organizer and accompanying documents is true and correct. I would like my taxes prepared according to the information I supplied above. I agree to pay a **\$30** fee at the time of service, once my data has been entered, if I decide not to have my Tax Return prepared by S&S Taxpro Service.

Taxpayer Signature _____ Date _____ Spouse Signature _____ Date _____