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## CUSTOMER DATA SHEET

Tax Year \_\_\_\_\_

This form is to assist in gathering your income tax information.  
If you have a copy of your last year's return and Social Security cards, please bring and give to preparer.

PLEASE PRINT ONLY

Primary Name: \_\_\_\_\_ Spouse Name: \_\_\_\_\_  
 DL# \_\_\_\_\_ Issued \_\_\_\_\_ Exp \_\_\_\_\_ DL# \_\_\_\_\_ Issued \_\_\_\_\_ Exp \_\_\_\_\_  
 SSN: \_\_\_\_\_ SSN: \_\_\_\_\_  
 Birthdate: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
 Occupation: \_\_\_\_\_ Occupation: \_\_\_\_\_  
 Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone: Cell \_\_\_\_\_ Provider \_\_\_\_\_ Phone Cell \_\_\_\_\_ Provider \_\_\_\_\_  
 E-mail \_\_\_\_\_ E-mail \_\_\_\_\_

If someone else can claim you as a dependent, check here   
 Did you have the health ins. w/Health Care Market during 2021? Receive 1095A \_\_\_\_\_  
 Have you finished repaying your new home buyer credit yet? \_\_\_\_\_  
 You or your dependents pay or take out loan for college in 2021? Total paid on 1098T \$ \_\_\_\_\_ IRA/  
 Roth Contributions \$ \_\_\_\_\_ Keogh/SEP/Simple Contributions\$ \_\_\_\_\_

Dependents Name (first, initial & last name)	DOB 00/00/00	Dependent's Social security #'s	Relationship son/daughter/other	Months lived in home 2021

Did you move for a new job? \_\_\_\_\_ Total moving expenses \$ \_\_\_\_\_ Total Miles \_\_\_\_\_  
 Did you pay estimated federal (1040 ES) ? \_\_\_\_\_ Total Federal \$ \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
 Did you pay state taxes? Which State \$ \_\_\_\_\_  
 Do you itemize? \_\_\_\_\_ (If yes see reverse)  
 Did you buy a car in 2021? \_\_\_\_\_ If what was the sale tax paid \_\_\_\_\_, Make \_\_\_\_\_ Model \_\_\_\_\_

**CHECK THE INCOME ITEMS WHICH PERTAIN TO YOU (Upload & Attach ALL Documentation)**

State Tax Refund       Pension, Retirement Income       Installment Sale       Social Security  
 Wage statement—W-2's       IRA Distributions       Municipal Bonds       1099K  
 Interest \$ \_\_\_\_\_       Income from Rentals  
 Dividends       Partnerships/Corporation (K-1)       Tip/Other Income  
 Mutual Fund Distributions       Estate/Trusts       Self-Employed Business Income  
 Alimony Received       Farm Income       Commission—1099's  
 Unemployment \$ \_\_\_\_\_       BAS/BAH \$ \_\_\_\_\_       Subcontractor Pay  
 Lottery or Gambling Winnings       Did you buy or sell personal residence?       Cash Payments  
 Did you sell any stock, real estate, business autos or business?

**NUMBER OF INCOME DOCUMENTS**

Total number of W-2's (primary & spouse) \_\_\_\_\_  
 Total number of 1099R's \_\_\_\_\_ 1099misc.'s \_\_\_\_\_ 1099 int's \_\_\_\_\_ 1099 div's \_\_\_\_\_ 1099 B's \_\_\_\_\_  
 1099NEC's \_\_\_\_\_, Other forms \_\_\_\_\_,  
 Did you trade virtual currency(cryptocurrency) during 2021 YES \_\_\_\_\_ NO \_\_\_\_\_

Child Care Information (Note: This information is required for each provider ( more space in reverse.)

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

I was referred by: Name \_\_\_\_\_ Phone \_\_\_\_\_

YES \_\_\_\_\_ NO \_\_\_\_\_ I would like to electronically filed / YES \_\_\_\_\_ NO \_\_\_\_\_ deduct my tax prep deducted from my refund  
 YES \_\_\_\_\_ NO \_\_\_\_\_ I will pay prep fee upfront and direct deposit my refund for free

I confirm all Information is correct Signature \_\_\_\_\_ Date \_\_\_\_\_

## Possible Legal Deductions

**(List amount for items you have –keep receipts for your deductions)**

**Medical & Dental**

DR.....\$ \_\_\_\_\_  
 DR.....\$ \_\_\_\_\_  
 DR.....\$ \_\_\_\_\_  
 DR.....\$ \_\_\_\_\_  
 Operations.....\$ \_\_\_\_\_  
 Prescription Drugs.....\$ \_\_\_\_\_  
 Medical/Dental Ins....\$ \_\_\_\_\_  
 Long Term Care Ins...\$ \_\_\_\_\_  
 Hospital, Lab Fees, Co Pays for Dr. visits  
 & Dental fees.....\$ \_\_\_\_\_  
 Glasses, Contact Lenses \$ \_\_\_\_\_  
 Hearing Aids & Batteries, Orthopedic Shoes,  
 Therapy Treatments, Canes/Crutches/Braces  
 Wheelchairs.....\$ \_\_\_\_\_  
 On Doctor's Advice:  
 Air Conditioning, Vaporizers,  
 Thermometers & Bandages  
 Other.....\$ \_\_\_\_\_  
 Medical Miles Driven.....\$ \_\_\_\_\_  
 Other Medical Transportation \$ \_\_\_\_\_  
**Casualty Losses:**  
 Accident, fire, Theft and  
 Natural Disasters.....\$ \_\_\_\_\_

**Contributions:**

Church.....\$ \_\_\_\_\_  
 College.....\$ \_\_\_\_\_  
 United Way.....\$ \_\_\_\_\_  
 March of Dimes.....\$ \_\_\_\_\_  
 CFC.....\$ \_\_\_\_\_  
 Other.....\$ \_\_\_\_\_  
 Non Cash Contributions.....\$ \_\_\_\_\_  
 \_\_\_\_\_\$ \_\_\_\_\_  
 Volunteer work expenses....\$ \_\_\_\_\_  
 Auto Miles Driven.....\$ \_\_\_\_\_

**Taxes:**

Real Estate Tax.....\$ \_\_\_\_\_  
 Personal Property Tax.....\$ \_\_\_\_\_  
 State Income Tax.....\$ \_\_\_\_\_

**Interest Paid:**

Home Mortgage Interest.....\$ \_\_\_\_\_  
 2nd Mortgage/Home Equity..\$ \_\_\_\_\_  
 Home Mortgage to Individual  
 Name \_\_\_\_\_ SSN \_\_\_\_\_  
 Address \_\_\_\_\_  
 Points Paid at Closing.....\$ \_\_\_\_\_  
 Investment Interest.....\$ \_\_\_\_\_

**Miscellaneous and Employee Self-Expenses:**

Uniform Cleaning.....\$ \_\_\_\_\_  
 Work Tools.....\$ \_\_\_\_\_  
 Subscriptions .....\$ \_\_\_\_\_  
 Safety Shoes and Gloves.....\$ \_\_\_\_\_  
 Tax Return Preparation.....\$ \_\_\_\_\_  
 Safe deposit Box.....\$ \_\_\_\_\_  
 Investment Expenses.....\$ \_\_\_\_\_  
 Education Expenses.....\$ \_\_\_\_\_  
 Business Travel.....\$ \_\_\_\_\_  
**Business use of vehicle miles**  
**Tot of all mile driven tax year**  
**or Vehicle Total Actual Exp.....\$ \_\_\_\_\_**  
 Advertising.....\$ \_\_\_\_\_  
 Commission/Fees.....\$ \_\_\_\_\_  
 Office Expenses .....\$ \_\_\_\_\_  
 Utilities/Telephone.....\$ \_\_\_\_\_  
 Business Meals.....\$ \_\_\_\_\_

Monthly Business Cell.....\$ \_\_\_\_\_  
 Contract Labor.....\$ \_\_\_\_\_  
**Office-in-Home Expense**  
*(all unities total for the year.....\$ \_\_\_\_\_*  
*Total Square footage of home.... \_\_\_\_\_*  
*Square footage of office..... \_\_\_\_\_*  
 Insurance on home.....\$ \_\_\_\_\_  
 Maintenance & repairs.....\$ \_\_\_\_\_  
 Rent/Lease.....\$ \_\_\_\_\_  
 Landscape.....\$ \_\_\_\_\_  
 Repairs/Maintenance Equipment\$ \_\_\_\_\_  
 Employee Benefits.....\$ \_\_\_\_\_  
 Business Insurance.....\$ \_\_\_\_\_  
 Supplies.....\$ \_\_\_\_\_  
 Taxes & Licenses.....\$ \_\_\_\_\_  
 Legal & Professional Fees.....\$ \_\_\_\_\_  
 Other.....\$ \_\_\_\_\_

**Child Care Information (continued form front):**

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