

jacksonandoutaxservice@hotmail.com

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 the year? If so do you have a 1095A _____
 Have you finished repaying your new home buyer credit yet? _____
 You or your dependents pay or take out loan for college? _____ 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	Months lived in home

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 this tax year? _____ If what was the sale tax paid _____

CHECK THE INCOME ITEMS WHICH PERTAIN TO YOU (Attach Documentation)

State Tax Refund Pension, Retirement Income Installment Sale
 Wage statement—W-2's IRA Distributions Social Security
 Interest \$ _____ Income from Rentals Municipal Bonds
 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 _____
 Other forms _____, _____, _____, _____

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: \$ _____

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.....\$ _____

Self-Employed Business Expenses:

Uniform Cleaning.....\$ _____
 Work Tools.....\$ _____
 Subscriptions & Dues.....\$ _____
 Safety Shoes and Gloves.....\$ _____
 Tax Return Preparation.....\$ _____
 Safe deposit Box.....\$ _____
 Investment Expenses.....\$ _____
 Education Expenses.....\$ _____
 Business Travel.....\$ _____
 Business use of vehicle...miles _____
 Total of all mile driven tax year _____

Contractor payments.\$ _____
 Sales/Entertainment.....\$ _____
Office-in-Home Expense
 (all unities total for the year.....\$ _____
 Square footage of home.....\$ _____
 square footage of office.....\$ _____
 Insurance on home.....\$ _____
 Maintenance & repairs\$ _____
 Gifts.....\$ _____
 Legal Fees.....\$ _____

Advertising.....\$ _____
 Car & Truck Expenses.....\$ _____
 Office Expenses Lease Amt.....\$ _____
 Utilities/Telephone.....\$ _____
 Meals.....\$ _____

Repairs & Maintenance business equip.\$ _____
 Supplies.....\$ _____
 Taxes & Licenses.....\$ _____
 Travel.....\$ _____
 Other.....\$ _____

Child Care Information (continued form front):

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