

CLIENT INFORMATION

What is your Marital Status? _____

Tax year: _____

Name: _____

Wife's Name: _____

Social Security: _____

Social Security: _____

Date of Birth: _____

Date of Birth: _____

Occupation: _____

Occupation: _____

Phone: _____

Phone: _____

Email: _____

Email: _____

Full Address: _____

City, State, Zip: _____

DEPENDENT INFORMATION

| NAME OF DEPENDENTS (FIRST & LAST) | DATE OF BIRTH | SOCIAL SECURITY | RELATIONSHIP | MONTHS IN HOME | STUD- ENT | DISABLED |
|--------------------------------------|---------------|--------------------|--------------|-------------------|--------------------------|--------------------------|
| | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | <input type="checkbox"/> | <input type="checkbox"/> |

CHILD CARE (WHOM DID YOU PAY & HOW MUCH)

To qualify for this deduction, your children must be less than 13 years old.

| Name | Address | SSN or EIN | Amount Paid |
|------|---------|------------|-------------|
| | | | |

INFORMATION FOR ITIN NUMBERS

If you, your wife or dependents, are requesting ITIN numbers, and you are living in the United States, please indicate the approximate date you entered the US.

| | Date you entered the USA | Country of Birth |
|---------------------------------|-----------------------------|------------------|
| You | | |
| Wife | | |
| Dep 1 | | |
| Dep 2 | | |
| Dep 3 | | |
| Dep 4 | | |
| Dep 5 | | |
| Address in your country: | | |
| | | |

DID YOU RECEIVE ANY OF THESE FORMS?

- Did you bring all of your W-2's?
- Did you receive unemployment? (1099-G)
- Did you receive 1099-Misc? (1040 Line 21 o Sch-C)
- Are you a small business owner? (Sch-C)
- Do you have itemized deductions? (Sch-A)
- Do you own rental properties? (Sch-E)
- Do you have Student and/or College Expenses? (8863)
- Did you move to another state for work? (3903)
- Did you make \$1200+ Gambling (Casino)? (W,2-G)
- Did you have cancellation of debts? (1099-C)
- Did you receive interest from your savings account? (1099-C)
- Did you receive form 1095-A? (Covered Obama Care)
- Did you receive form 1095-B? (Health insurance through work)
- YES** **NO** In the past year, did you have health insurance for you, your spouse, and your children?

I attest that all information that is given on this data sheet and to the preparer is true and accurate to the best of my knowledge and is subject to possible IRS or State review. The statement of the agent or preparer is based on information supplied by the taxpayer. I understand that I am solely responsible, and that J & E Tax Service, has no responsibility. I have reviewed my tax information and verify that it is correct to my knowledge

Primary Signature X _____ Date _____

Spouse's Signature X _____ Date _____