

Allen Associates Fiscal Services LLC

Tax Preparation – Client Information Sheet

NOTE: THERE ARE NEW QUESTIONS. PLEASE LOOK OVER CAREFULLY. COMPLETE AND SIGN.

THANK YOU!

Date (MM/DD/YYYY): _____

DROP-OFFS: If you own a Business or Rental Property, it is best that you make an appointment with the receptionist to have your taxes prepared due to the volume of information and questions that would need addressing. Thank you.

Please fill in the following information pertaining to your tax return.

General Information:

Name: (Exactly as it appears on your Social Security Card): _____

Taxpayer's Social Security Number: _____

Spouse's Name (As it appears on Social Security Card): _____

Spouse's Social Security Number: _____

Filing Status (Please check one):

- Single (Can anyone else claim you as a dependent on their return?) Yes No
- Head of Household (Not married, or separated from your spouse for the LAST 6-months of the year)
- Married Filing Joint
- Married Filing Separate (If Married Filing Separate, we need your spouse's social security number and full name as it appears on their social security card)
- Qualifying Widow(er) with dependent child

Current Address: _____

Home Number: _____

Work Number: _____

Cell Number (Taxpayer): _____

Cell Number (Spouse): _____

(Please check which number you would like us to call first. Thank you.)

E-mail Address: _____

Taxpayer's Birth Date (MM/DD/YYYY): _____

Spouse's Birth Date (MM/DD/YYYY): _____

Taxpayer's Occupation: _____

Spouse's Occupation: _____

Dependent Information: (We will need to make copies of Social Security Cards; please present them to us at this time)

Name (Exactly as it appears on Social Security Card): _____

Social Security Number: _____

Birth Date (MM/DD/YYYY): _____

Sex: Male Female

How many months did this dependent live with you last year? _____

Can anyone else claim this dependent? Yes No

******* If there are any more dependents, please list the required information for each dependent on the back of this sheet. Remember to include all required information. *******

If there are any childcare expenses to claim, please list them on the lines below.

Name and Address of Day Care: _____

EIN (Employer Identification Number) of Day Care or SS# (if it's an individual person): _____

Name(s) of child(ren) that Day Care was provided for: _____

If More than one child, please list the amount paid in Day Care for each child:

Total Amount Paid in Day Care Expenses: _____

I, the following signee, verify that all the information provided is correct.

(PLEASE SIGN HERE)