

# TAX CUSTOMER INFORMATION WORKSHEET

## ADDRESS

## PHONE NUMBERS

Street

Daytime

City

Evening

State  Zip Code

Cell

TP OCCUPATION(S)

SP OCCUPATION(S)

<b>LIST ALL ADULTS THAT LIVE IN HOME</b>		DATE OF BIRTH	SOCIAL SECURITY NUMBER	# OF MONTHS LIVED TOGETHER LAST YEAR
NAME: FIRST/LAST				
TAXPAYER:	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>
SPOUSE:	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>
OTHER ADULT	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>
OTHER ADULT	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>

LIST OTHER PERSONS WHO LIVED IN YOUR HOME WITH YOU: PLEASE LIST YOUNGEST TO OLDEST (INCLUDE ADULTS WITH NO INCOME OTHER THAN SOCIAL SECURITY)				
NAME: FIRST/LAST	RELATIONSHIP TO TAXPAYER OR SPOUSE	DATE OF BIRTH	SOCIAL SECURITY NUMBER	# OF MONTHS LIVED TOGETHER LAST YEAR
<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>
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DOES ANYONE IN HOME BESIDES TAXPAYER OR SPOUSE RECEIVE INCOME OTHER THAN SOCIAL SECURITY?  YES  NO

**LIST DEPENDENT WHO DID NOT LIVE IN YOUR HOME WITH YOU, BUT YOU CAN CLAIM THEM AS AN EXEMPTION: NEED COPY OF SIGNED FORM 8332 OR DIVORCE DECREE**

NAME: FIRST/LAST	RELATIONSHIP TO TAXPAYER OR SPOUSE	DATE OF BIRTH	SOCIAL SECURITY NUMBER	CHECK ONE
<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input type="checkbox"/> Signed 8332 <input type="checkbox"/> Divorce Decree

The above information is a **complete and accurate listing** of the members of my household.

If any dependent on return does not have one or both parents also on this return, what is the Taxpayer and Spouse's Relationship to parents and where are they located? Must be asked of Taxpayer/Spouse and recorded.

# INTERVIEW SHEET

If you have a child who requires child care while you were at work; list the name, relationship and amount paid: (Required if child is under the age of 13)

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Can someone else claim you as a Dependent?  YES  NO

Did you live in the US for over half of the year?  YES  NO

...live in one state the entire year?  YES  NO State? 

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...If Oklahoma did you receive TANF last year?  YES  NO

...receive a First time Home buyers Credit in 2008?  YES  NO Yearly Payback? 

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Do you want your State Taxes filed?  YES  NO

Are you a U.S. Citizen?  YES  NO

...legally blind or Permanently Disabled?  YES  NO

Do you currently owe the IRS any taxes or penalties?  YES  NO Amount? 

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Are you currently being audited or aware of any pending audit?  YES  NO

Did you have health insurance last year?  YES  NO Months Covered 

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Did you have marketplace insurance last year?  YES  NO Months Covered 

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Did you make any Charitable donations last year?  YES  NO Amount? 

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What Stimulus amounts did you receive last year? 1st Amount? 

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 2nd Amount? 

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Did you make any Charitable donations last year?  YES  NO Amount? 

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Do you want your refund Direct Deposited into your account?  YES  NO Checking/Savings 

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Routing Number: \_\_\_\_\_ Account Number: \_\_\_\_\_

**Taxpayer Signature:** \_\_\_\_\_

**Spouse Signature:** \_\_\_\_\_

Date: \_\_\_\_\_

Referred by: \_\_\_\_\_