

AFFORDABLE TAX & ACCOUNTING SERVICES LLC CLIENT INFORMATION FORM

TAXPAYER NAME _____ SPOUSE NAME _____
OCCUPATION _____ OCCUPATION _____
SSN _____ DOB _____ SSN _____ DOB _____
ADDRESS _____ APT # _____
CITY _____ STATE _____ ZIP _____
PHONE (DAY) _____ PHONE (EVE) _____ EMAIL _____

Dependents: (List Youngest First) Name (First, Initial and Last Name)	Month, Day & Year of Birth	Dependent's SSN	Relationship to you	Month lived in your home?

CHECK ALL THAT APPLY

- ☐ Someone else can claim you as a dependent. **Yes or No**
- ☐ You and your spouse lived apart during the year. **Yes or No**
- ☐ You or your spouse were a resident of another state or earned income in another state during the last year. **Yes or No**
- ☐ You use your personal vehicle for work and did not get reimbursed (excluding commuting). **Yes or No**
- ☐ Did you obtain health insurance through a federal or state health insurance exchange? If yes, please make sure to bring form 1095-a that will be mailed out to you. **Yes or No**
- ☐ **HEALTH INSURANCE COVERAGE** - Does everyone in your family (yourself and any dependents) have health insurance coverage for the entire year in 2015? **Yes or No**
- ☐ **Would you like your refund deposited into your bank account?** Yes or No

Checking or Savings Routing Number _____ Account Number _____

Are you self-employed? Yes or No. If yes, please fill out the Self Employed Income Data Sheet.

CIRCLE ALL THAT APPLY

Wage Statement – W-2's	Received Interest	Charity or Religious Contributions
1099's	Received Dividends	Property Tax
IRA's	Pensions or Retirement Income	Mortgage Interest
Sell Stocks or Bonds	Social Security Income	Mortgage Points (i.e. closing points)
Moving Expenses	Own a Business or Self Employed	Medical Expense
Received Unemployment	Tips / Other Income	Tax preparation Expenses
Alimony (Paid or Received)	Farm Income	Union Dues
Buy or sell a home	Education Expense	Job Related Expenses or Training
Own Rental Property	Lottery or Gambling Winnings	Significant Loss or Theft

CHILD CARE INFORMATION

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

I CERTIFY THAT I WOULD LIKE MY TAXES PREPARED ACCORDING TO THE INFORMATION I SUPPLIED ABOVE

Taxpayer's Signature _____ Date _____ Spouse's Signature _____ Date _____

ITEMS TO BRING TO HAVE YOUR TAX RETURN PREPARED

- ***Proof of identification***
- ***Social Security Cards for you, your spouse and dependents and/or a Social Security Number verification letter issued by the Social Security Administration***
- *Individual Taxpayer Identification Number (ITIN) assignment letter for you, your spouse and dependents*
- *Proof of foreign status, if applying for an ITIN*
- ***Birth dates for you, your spouse and dependents on the tax return***
- ***Wage and earning statement(s) Form W-2, W-2G, 1099-R, from all employers***
- *Interest and dividend statements from banks (Forms 1099)*
- ***A copy of last year's federal and state returns if available***
- *Proof of bank account routing numbers and account numbers for Direct Deposit, such as a blank check*
- *Total paid for daycare provider and the daycare provider's tax identifying number (the provider's Social Security Number or the provider's business Employer Identification Number)*
- *To file taxes electronically on a married-filing-joint tax return, both spouses must be present to sign the required forms.*