

Taxpayer Information Worksheet

Taxpayer	Spouse
Last name:	Last name:
First name:	First name:
Middle initial: Suffix:	Middle initial: Suffix:
Social Security Number:	Social Security Number:
Occupation:	Occupation:
Date of birth(mm/dd/yyyy):	Date of birth(mm/dd/yyyy):
Legally blind? YES	Legally blind? YES
email address:	email address:
Work phone:	Work phone:
Cell phone:	Cell phone:
Home phone:	

Address: _____

City: _____ State: _____ ZIP Code: _____

Dependent Information						
First name	MI	Last name	Suffix	Social Security No.	Date of Birth	Relationship

Direct Deposit/Electronic Funds Withdrawal			
Do you like to use Direct Deposit for tax refund?	YES	NO	
Do you like to use Electronic Funds Withdrawal for tax balance due? (e-file only)	YES	NO	
<i>If yes, Payment date for withdrawal (mm/dd/yyyy):</i>			
Account type:	Checking	Savings	
Routing number:	Account number:		
Name of Financial Institution:			

Part-year and non-resident state return filing only (Moved from state to state?)
State of residence at the end of the tax year:
If part-year resident, date residence established (mm/dd/yyyy):
Former state of residence:

Signature: _____ Date: _____

Please answer the following questions.

When you answer "YES" but did not bring documents for the question, please enter amounts.

			<i>Amount</i>
Did you receive any IRS letter or audits?	YES	NO	N/A
Did you have earned income from more than one state?	YES	NO	N/A
Did you have IRA or 401(k) Withdrawals?	YES	NO	N/A
Did you have any income from your own Business?	YES	NO	N/A
Did your dependents have any income?	YES	NO	
Did you have Gambling Winnings?	YES	NO	
Did you receive unemployment compensations?	YES	NO	
Did you have Rental income from Real Estate?	YES	NO	N/A
Did you sell stocks from employee stock options or ESPP?	YES	NO	N/A
Did you pay or receive Alimony? From whom SSN:	YES	NO	
Did you buy a new house or a car?	YES	NO	N/A
Did you have unreimbursed educator expenses?	YES	NO	
Did you have unreimbursed moving expenses?	YES	NO	N/A
Did you contribute to IRA accounts?	YES	NO	
Did you pay student loan interest?	YES	NO	
Did you pay tuition/fees to college?	YES	NO	N/A
Did you contribute to kids education plans(529)?	YES	NO	
Did you pay estimated taxes?	YES	NO	N/A
Did you improve your home for energy efficiency?	YES	NO	N/A
Do you have any prior-year capital loss carry-over?	YES	NO	

Itemized Deductions Worksheets

Please enter amounts for items, if you don't bring documents.

Unreimbursed medical expenses including insurance		\$	
Property Taxes		\$	
DMV fees		\$	
Mortgage interest paid		\$	
Mortgage points paid		\$	
Safety deposit box fees		\$	
Unreimbursed Casualty/Theft losses		\$	
Union dues		\$	
Charity Name	Tax ID#	Address	Amount/Items

Signature: _____ *Date:* _____