

**CUSTOMER INFORMATION SHEET**

**1. How Did You Hear About Us?**

**Are You Self Employed** \_\_\_\_\_

- Referred By \_\_\_\_\_
- Referral Code Online \_\_\_\_\_
- Returning Customer
- Walk-In

**Can You Provide Documentation Supporting Income and Expenses For Self-Employment?** \_\_\_\_\_  
 ex: 1099, Invoices, Receipts, Logs.  
 Do you have Business Cards or Flyers you can Provide? \_\_\_\_\_

**2. Personal Information**

[CLIENT DATA]

First and Last Name (as it appears on your Social Security Card)		SSN	Date of Birth	Occupation
Taxpayer				
Spouse				
Street Address			Apt. No	
City		State	Zip	
Home Phone		Work Phone	Cell Phone	
Email address				

**3. Marital Status**

[CLIENT DATA]

**On December 31st, were you:**

- Single    
  Married    
  Divorced    
  Separated    
  Widowed    
 Year Spouse Died: \_\_\_\_\_

**4. Dependent Information (If applicable)**

[CLIENT DATA]

Dependent #1				
First Name: _____		Last Name (on SSN Card): _____		SSN: _____
Relationship:	<input type="checkbox"/> Son	<input type="checkbox"/> Daughter	<input type="checkbox"/> Fosterchild	<input type="checkbox"/> Grandchild
	<input type="checkbox"/> Grandparent	<input type="checkbox"/> Parent	<input type="checkbox"/> Brother	<input type="checkbox"/> Sister
	<input type="checkbox"/> Aunt	<input type="checkbox"/> Uncle	<input type="checkbox"/> Nephew	<input type="checkbox"/> Niece
	<input type="checkbox"/> None	<input type="checkbox"/> Other	_____	
# of months in the home	DOB: _____	Childcare expenses paid during tax year: \$ _____		
Dependent #2				
First Name: _____		Last Name (on SSN Card): _____		SSN: _____
Relationship:	<input type="checkbox"/> Son	<input type="checkbox"/> Daughter	<input type="checkbox"/> Fosterchild	<input type="checkbox"/> Grandchild
	<input type="checkbox"/> Grandparent	<input type="checkbox"/> Parent	<input type="checkbox"/> Brother	<input type="checkbox"/> Sister
	<input type="checkbox"/> Aunt	<input type="checkbox"/> Uncle	<input type="checkbox"/> Nephew	<input type="checkbox"/> Niece
	<input type="checkbox"/> None	<input type="checkbox"/> Other	_____	
# of months in the home	DOB: _____	Childcare expenses paid during tax year: \$ _____		
Dependent #3				
First Name: _____		Last Name (on SSN Card): _____		SSN: _____
Relationship:	<input type="checkbox"/> Son	<input type="checkbox"/> Daughter	<input type="checkbox"/> Fosterchild	<input type="checkbox"/> Grandchild
	<input type="checkbox"/> Grandparent	<input type="checkbox"/> Parent	<input type="checkbox"/> Brother	<input type="checkbox"/> Sister
	<input type="checkbox"/> Aunt	<input type="checkbox"/> Uncle	<input type="checkbox"/> Nephew	<input type="checkbox"/> Niece
	<input type="checkbox"/> None	<input type="checkbox"/> Other	_____	
# of months in the home	DOB: _____	Childcare expenses paid during tax year: \$ _____		

**College Information**

Did you attend college or a post-secondary institution last year? Yes  No  Did you receive a 1098-T Yes  No

**Attestation and Signature**

The figures/amounts above were submitted/furnished by me (us) to the tax preparer. I (we) have reviewed the information and to the best of my (our) knowledge and belief, it is accurate, true, correct, and complete. The tax preparer has made me aware that the IRS may require me to provide proof for all the items listed above and other items on my tax return and, if needed, I will be able to provide proof of this information to the IRS.

Tax payer signature \_\_\_\_\_ Date \_\_\_\_\_

Spouse signature \_\_\_\_\_ Date \_\_\_\_\_