

Tax Prep Informational Form

Your First Name _____ **M.I.** _____ **Last Name** _____ **Social Security #** _____ **Birthday** _____ **Occupation** _____

Spouse's Name _____ **M.I.** _____ **Last Name** _____ **Social Security #** _____ **Birthday** _____ **Occupation** _____

Your Street Address _____ **Apt #** _____ **City** _____ **State** _____ **Zip** _____

Work Phone #: _____ **Home/Cell Phone #:** _____

Email address: _____

Filing Status (CIRCLE ONE): Married Joint Married Separate Head of Household Single Widow

Were you married to anyone last year? (this must be answered) Y: _____ N: _____

List Your Dependents that you are claiming: (not your spouse)

Name	SS#	Relationship	Birthday	dates lived with you
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Child Care Info:

Providers Name	Their Address	SS# or EIN#	Total Amount Paid
_____	_____	_____	_____
_____	_____	_____	_____

Other Tax Information:

- Do you have all of the W2's from all of your jobs: Yes ___ No ___
- Did you receive any Unemployment or Social Security or Pension benefits: Yes ___ No ___
- Do you have any self-employment income or work as a contractor: Yes ___ No ___
- Did you and your dependents have Market Place Health Insurance (1095A): Yes ___ No ___
- Did you receive or pay any alimony: Yes ___ No ___
- Did you own any rental properties: Yes ___ No ___
- Do you have any investments (stocks, CD's etc) or sell a home: Yes ___ No ___
- Did you or your dependents go to college or take any secondary education classes (1098T): Yes ___ No ___
- Did you receive any other income such as cashing out a 401k, gambling, cancelled debt: Yes ___ No ___
- Do you own a corporation or partnership: Yes ___ No ___
- Did you contribute to an IRA: Yes ___ No ___
- Did you make any estimated tax payments: Yes ___ No ___

Disclaimer: *I authorize ABS of Jacksonville to prepare my taxes. I understand that the return is based solely on the information that I have provided. If this information is incorrect or incomplete, it is my responsibility to see that an amended return is filed. I understand there will be an additional charge if I need to amend my return at a later date. I understand that I am responsible for providing the required tax forms, tax information sheets and have any receipts and/or documentation needed in order to start the preparation. I AGREE TO PAY THE AMOUNT OF THE PREPARATION FEE FOR MY TAX RETURN WHEN THE PREPARATION IS COMPLETED.*

Client's Signature

Date