

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: Married Joint ___ Married Separate ___ Head of Household * ___ Single ___ Widow

Were you married as of December 31 of last year? Y: N:

**Note: If you are married, you can't claim Head of Household unless you did not live with your spouse since June 30 of last year and you supported your dependent child who lived with you*

List Your Dependents: (not your spouse) # months they

<u>Name</u>	<u>SS#</u>	<u>Relationship</u>	<u>Birthday</u>	<u>lived with you</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Child Care Info:

<u>Providers Name</u>	<u>Their Address</u>	<u>SS# or EIN#</u>	<u>Amount Paid</u>
_____	_____	_____	_____
_____	_____	_____	_____

Other Tax Information:

- Did you and your dependents have health insurance coverage every month: Yes ___ No ___
- Did you and your dependents have Obama Care at anytime during the year: Yes ___ No ___
- 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 ___
- 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): Yes ___ No ___
- Do you have any self-employment income or work as a contractor: Yes ___ No ___
- Did you or your dependents go to college or take any secondary education classes: 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 ___

Disclaimer: I authorize ABS Tax. 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 that I am responsible for having the receipts and documentation for the deductions I claim.

I agree to pay the amount of the preparation fee for my tax return when the preparation is completed. I understand there will be an additional charge if I need to amend my return at a later date.

Client's Signature

Date