



ACCOUNTING, TAX & BUSINESS SOLUTIONS, LLLP
8310 Office Park Drive
Douglasville, GA 30134-6935

Tax Client Data Sheet

(Please include a copy of your last year's return)

TAXPAYER NAME _____ SPOUSE NAME _____

OCCUPATION _____ OCCUPATION _____

SSN _____ BIRTHDATE _____ SSN _____ BIRTHDATE _____

EMAIL _____ EMAIL _____

ADDRESS _____ APT# _____

CITY _____ STATE _____ ZIP _____

WORK PHONE _____ EXT. _____ ALT. PHONE _____ CELL _____

Dependents: (list youngest first) Name (First, Initial and Last name)	Month, Day & Year of Birth	Dependent's SSN	Relationship to you	Months lived in your home this tax year

CHECK ALL THAT APPLY

- You, and if applicable, all your qualifying dependents have medical insurance.
 Who is your health insurance provider? _____
 Did you have coverage the entire year (Jan 1st - Dec 31st)? YES NO
- Someone else can claim you as a dependent.
- You and your spouse lived apart during the year.
- If yes, did you live together any time after June 30?)? YES NO
- You paid estimated Federal or State taxes last year. Federal \$ _____ State \$ _____
- You itemized last year. If yes, amount of Refund from / Balance Due to State \$ _____
- You, or your spouse, were a resident of another state or earned income in another state during the last year.
- You purchased a home in 2008 and received the up to \$7.500 First Time-Home Buyers credit.
- You were a student, had education expenses, or made student loan payments.



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CHILD & DEPENDENT CARE INFORMATION

(Note: This information is required for each provider. Use the back of this sheet if more space is needed.)

Provider's Name _____ Provider's SSN / EIN _____

Provider's Address _____

Amount Paid to Provider \$ _____

Would you like your refund deposited into your bank account? YES NO

Name of Bank _____

Checking Savings Routing # _____ Account # _____

Are you self-employed? YES NO If yes, please fill out the Self-Employed Income Data Sheet

CHECK ALL THAT APPLY

Wage statement / W2	Business or Farm Income	Sold a business asset	Significant Loss or Theft
Social Security Income	IRA Distribution	Medical Expense	
Retirement income/1099-R	Alimony (Paid or Received) / Divorced before 2018	Paid Real Estate Taxes	
Tips / Other Income	Own Rental Property	Personal Property Tax	
Interest / Dividend Income	Paid Qualified Education Expense	Mortgage Interests	Mortgage points (closing points)
Sold Stocks or Bonds	Received Form 1098-T	PMI Insurance on Mortgage	
Unemployment Income	Form 1099 MISC or 1099-NEC	Charitable or Religious Contributions	
Cancellation of Debt	Lottery / Gambling Winnings	Donations to Charity	
Student Loan Payments		Buy or Sell a home	

We will depend on you to provide the information we need to prepare complete and accurate returns. We may ask you to clarify some items but will not audit or otherwise verify the data you submit.

Federal Law requires us to ask for your Social Security Card(s) and Driver's License(s). If you qualify for a Refundable Dependent- or Education Credit, we may need additional documentation from you.

Taxpayer's Signature _____ Date _____

Spouse's Signature _____ Date _____