

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 Phone #:

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

<u>List Your Dependents: (not your spouse)</u>				<u># months</u>
<u>Name</u>	<u>SS#</u>	<u>Relationship</u>	<u>Birthday</u>	<u>lived with you</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

<u>Child Care Info:</u>			
<u>Providers Name</u>	<u>Their Address</u>	<u>SS# or EIN#</u>	<u>Amount Paid</u>
_____	_____	_____	_____
_____	_____	_____	_____

Other Tax Information:
DID YOU FILE A TAX RETURN LAST YEAR: Y ___ N ___ Can you be claimed as a dependent ___
Do you have all of your W2's Y ___ N ___

Indicate if you had any of the following: Estimated Tax Payments: _____ Unemployment ___
Gambling _____ Interest _____ Dividends _____ Sale of home ___ IRA ___ Pension ___
Annuity ___ 1099 misc. ___ Self-employment income ___ K1 ___ Social Security ___ Alimony ___
Rental Property ___ Moving Expenses ___ Contributions to Charity ___ Sell Stock ___
Secondary Educational Expenses _____ Mortgage Interest ___ Student loan interest ___
OTR Truck Driving ___ Own a Small Business _____ Take money from a retirement account ___
Have Children under age 14 with more than \$500 in interest income or total investment of over \$1200 ___

Disclaimer: I authorize ABS of Jacksonville, Inc. 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