



# Accurate Tax Solutions Client Data Sheet

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

This form is to assist you in gathering your income tax information.

TAXPAYER NAME \_\_\_\_\_ (M / F) SPOUSE NAME \_\_\_\_\_ (M / F)  
 OCCUPATION \_\_\_\_\_ OCCUPATION \_\_\_\_\_  
 SSN \_\_\_\_\_ BIRTHDATE \_\_\_\_\_ SSN \_\_\_\_\_ BIRTHDATE \_\_\_\_\_  
 EMAIL \_\_\_\_\_ EMAIL \_\_\_\_\_  
 ADDRESS \_\_\_\_\_ APT # \_\_\_\_\_  
 CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
 MAIN PHONE \_\_\_\_\_ EXT. \_\_\_\_\_  CELL ALT. PHONE \_\_\_\_\_  CELL

Accurate Tax Solutions of Los Angeles may occasionally have products or services that we think may be of interest to you. By checking this box and submitting this form, you give us consent to use automated technology to call and text you at the phone numbers(s) above, including your wireless number if provided. Please note that you are not required to provide this consent to make a purchase from us.

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?

Are you self-employed?  Yes  No If yes, please fill out the Self Employed Income Data Sheet.

Would you like your refund deposited into your bank account?  Yes  No

Checking  Savings Routing Number \_\_\_\_\_ Account Number \_\_\_\_\_

## CHECK THE INCOME ITEMS THAT PERTAIN TO YOU

(Attach Documentation)

- |   |  |  |   |
|---|--|--|---|
| <input type="checkbox"/> Wage Statement – W-2s<br>(How many) _____      | <input type="checkbox"/> Alimony Received                | <input type="checkbox"/> Estates/Trusts      | <input type="checkbox"/> Municipal Bonds                      |
| <input type="checkbox"/> Interest \$ _____<br>(Including savings bonds) | <input type="checkbox"/> Pension, Retirement Income      | <input type="checkbox"/> Stock Sales         | <input type="checkbox"/> Social Security/Railroad Retirement  |
| <input type="checkbox"/> Commissions – 1099s                            | <input type="checkbox"/> Dividends                       | <input type="checkbox"/> Installment Sale    | <input type="checkbox"/> Lottery or Gambling Winnings         |
| <input type="checkbox"/> *Self-Employed Income                          | <input type="checkbox"/> Partnership/S Corporation (K-1) | <input type="checkbox"/> Tips/Other Income   | <input type="checkbox"/> Bought or sold a personal residence? |
|   | <input type="checkbox"/> Farm Income                     | <input type="checkbox"/> Income From Rentals | <input type="checkbox"/> Cancellation of Debt                 |
|   | <input type="checkbox"/> Unemployment \$ _____           | <input type="checkbox"/> Combat Zone Pay     |   |

\*Also complete Self-employed Income Data Sheet

## CHILD 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 \$ \_\_\_\_\_

I CERTIFY THAT I WOULD LIKE MY TAXES PREPARED ACCORDING TO THE INFORMATION I SUPPLIED ABOVE

Taxpayer's Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Spouse's Signature \_\_\_\_\_ Date \_\_\_\_\_