

Client Data Sheet

Please fill out all areas that apply and skip those that don't.
When you are finished please return this sheet to an employee of Jo's Tax Service.

DATE: _____

	Tax Payer	Spouse
Name:		
SSN:		
Address:		
City, State, Zip		
County		
Phone: (Day)		
Phone: (Eve)		
Birthdate:		
E-mail address:		
Occupation:		

Filing Status (Circle One)

Please note, if married filing separate and e-filing we will need the SSN of your spouse.

MFJ – Married Filing Joint
HOH – Head of Household

MFS – Married Filing Separate
QW – Qualifying Widow

S - Single

Marital Status: _____

*Please note that it is possible to have a different marital status than filing status.

If married, but filing separate, does your spouse itemize?	YES	NO
Do you pay more than half the cost of maintaining your home?	YES	NO
Can someone else claim you as a dependent?	YES	NO

Dependents

If you have more dependents than 5 please list on the back of sheet.

Name	SSN	DOB	Relationship	Months in home

Check List

Please be sure to have the following with you if possible.

We require IDs for you and your spouse, and SS Cards for anyone listed on the return including all dependents. If you do not have them, you may return with them as soon as possible. No return can be finalized without these items as we are required to do our part to verify validity of the person filing the return.

- Social Security Card(s) for all individuals listed on return if you are a new client.
- Driver's License or ID (And for spouse if applicable) if expired recently or are a new client.
- A copy of last year's tax return (If you are a new client)
- A copy of 1095A if you had marketplace insurance at any point during the year.

Referred by: _____