



Client Data Sheet

TAXPAYER NAME _____

SPOUSE NAME _____

OCCUPATION _____

OCCUPATION _____

SSN _____ BIRTHDATE _____

SSN _____ BIRTHDATE _____

EMAIL _____

EMAIL _____

Cell Phone _____ CELL

MAIN PHONE _____ EXT. _____ CELL

Cell Phone Carrier _____ CELL

Cell Phone Carrier _____ CELL

Ok to receive tax message from Tax Magic

ADDRESS _____ APT # _____ CITY _____ STATE _____ ZIP _____

How did you hear about us? _____

Would you like information about our TUITION FREE Tax School in the Fall? Yes No

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 ?

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

Checking Savings Routing Number _____ Account Number _____

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 Phone _____

Provider's Address _____ Amount Paid to Provider \$ _____

Forms Included with your tax return

- | | Number of Forms |
|------------------------------------|-----------------|
| <input type="checkbox"/> W-2 | _____ |
| <input type="checkbox"/> 1099 Misc | _____ |
| <input type="checkbox"/> 1099R | _____ |
| <input type="checkbox"/> 1099T | _____ |
| <input type="checkbox"/> 1098 | _____ |
| <input type="checkbox"/> 1099K | _____ |

Additional Forms _____

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

Taxpayer's Signature _____

Date _____

Spouse's Signature _____

Date _____