

**AMERICA'S TAX TABLE
TAX CLIENT DATA SHEET
1999 TAX SEASON**

PLEASE CHECK APPROPRIATE ITEM: **Prior Client** **New client** **Client before 1998**
If new, how did you hear about us?

PRIMARY NAME: _____ SSN _____
 OCCUPATION: _____ BIRTHDATE _____
 SPOUSE NAME: _____ SSN _____
 OCCUPATION: _____ BIRTHDATE _____
 ADDRESS: _____ CITY _____ STATE _____ ZIPCODE _____
 TELEPHONE NUMBERS: HOME _____ WORK _____ PAGER _____

DEPENDENTS (YOUNGEST FIRST)	DATE OF BIRTH	SSN	RELATIONSHIP	MONTHS LIVED IN YOUR HOME
FIRST, LAST NAME	MM/DD/YY			

NOTE: USE THE BACK OF THIS FORM IF ADDITIONAL SPACE IS NEEDED FOR DEPENDENTS
 IF YOUR CHILD DID NOT LIVE WITH YOU BUT IS CLAIMED AS A DEPENDENT UNDER A PRE-1985 AGREEMENT, CHECK HERE _____
 IF SOMEONE ELSE CAN CLAIM YOU AS A DEPENDENT, CHECK HERE _____

IRA CONTRIBUTION: _____ ALIMONY PAID: _____
 KEOGH RETIREMENT: _____ SOCIAL SECURITY BENEFITS: _____
 UNEMPLOYMENT COMPENSATION: _____ OWN HOME? _____

CHECK ITEMS WHICH PERTAIN TO YOU:

_____ DID YOU PAY ESTIMATED FEDERAL (1040ES)/STATE TAXES? IF SO HOW MUCH? _____	_____ PENSION, RETIREMENT INCOME _____	_____ FORM 1099 INCOME _____
_____ STATE TAX REFUND _____	_____ INCOME FROM RENTALS _____	_____ SOCIAL SECURITY _____
_____ WAGE STATEMENTS W2's _____	_____ PARTNERSHIP/S CORPORATIONS (K-1) _____	_____ MUNICIPAL BONDS _____
_____ INTEREST \$ _____	_____ ESTATES/TRUSTS _____	_____ TIPS/OTHER INCOME _____
_____ DIVIDENDS _____	_____ FARM INCOME _____	_____ SCHOLARSHIPS _____
_____ ALIMONY RECEIVED _____		

CHILD CARE INFORMATION: (THIS INFORMATION IS NEED FOR EACH PROVIDER)

PROVIDER'S NAME _____ PROVIDERS EIN/SSN _____
 PROVIDER'S ADDRESS _____ AMOUNT PAID TO PROVIDER _____

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 PROVIDER'S ADDRESS _____ AMOUNT PAID TO PROVIDER _____

_____ ARE YOU INTERESTED IN HAVING YOUR RETURN FILED ELECTRONICALLY?
 _____ ARE YOU INTERESTED IN RECEIVING A RAPID TAX REFUND?

WE NEED COPIES OF THE FOLLOWING DOCUMENTS:
 SOCIAL SECURITY CARDS OF ALL IN THE HOUSEHOLD
 DRIVER'S LICENSES OR PICTURE ID FOR YOU AND YOUR SPOUSE

NOTE: IF THERE ARE ANY UNPAID BALANCES FINANCE CHARGES WILL ACCRUE AFTER 90 DAYS _____ INITIAL