

Date: \_\_\_\_\_

Tax Year: 2018

## Pro-Tax Client Data Sheet

(Please include a copy of your last year's return)  
This form is to assist us in gathering your income tax information.

TAXPAYER NAME \_\_\_\_\_ SPOUSES NAME \_\_\_\_\_

OCCUPATION \_\_\_\_\_ OCCUPATION \_\_\_\_\_

BIRTHDATE \_\_\_\_\_ SPOUSE BIRTHDATE \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE (HOME) \_\_\_\_\_ PHONE (CELL) \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_ MARITAL STATUS \_\_\_\_\_

**Dependent Information: Adding new dependants**       Yes    No

### CHECK ALL THAT APPLY

- Has the child been in the household for more than 6 months?
- Has the taxpayer paid more than half of the support for the child?
- Can someone else claim you as a dependant?
- You and your spouse lived apart during the year?      If yes, did you live together at any time after June 30?  
 Yes    No

### HAVE YOU RECEIVED ANY OF THE FOLLOWING FOR MICHIGAN HOUSEHOLD INCOME?

- Social Security Income/ Disability Income
- Unemployment Income
- Child support
- Cash assistance from FIA or DHS
- 401K withdraw
- Self-Employed
- Alimony

### RENTERS'/HOMEOWNERS' INFORMATION

Landlord Name \_\_\_\_\_ Monthly Rent \_\_\_\_\_

Landlord Address \_\_\_\_\_ Months Rented \_\_\_\_\_

**TURN OVER**



### TUITION INFORMATION

School Attended: \_\_\_\_\_

First two years? \_\_\_\_\_

Date: \_\_\_\_\_

Tax Year: 2018

**CHECK THE INCOME ITEMS WHICH PERTAIN TO YOU**

- (Provide Documentation)
- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Wage Statement- W-2s<br>(How many) _____       | <input type="checkbox"/> Unemployment \$ _____                  | <input type="checkbox"/> Commissions- 1099s                               |
| <input type="checkbox"/> Interest \$ _____<br>(Including savings bonds) | <input type="checkbox"/> Lottery or gambling winnings           | <input type="checkbox"/> Combat Zone Pay                                  |
| <input type="checkbox"/> Pension, retirement income                     | <input type="checkbox"/> Installment Sale                       | <input type="checkbox"/> Tip/Other Income                                 |
| <input type="checkbox"/> Income from rentals                            | <input type="checkbox"/> Social Security/railroad<br>retirement | <input type="checkbox"/> Moving Expense                                   |
| <input type="checkbox"/> Partnership/s Corporation(K-1)                 | <input type="checkbox"/> Municipal Bonds                        | <input type="checkbox"/> Alimony Received                                 |
| <input type="checkbox"/> Estates/Trust                                  | <input type="checkbox"/> Dividends                              | <input type="checkbox"/> BAS/BAH \$ _____<br>(Military Housing Allowance) |
| <input type="checkbox"/> Farm Income                                    | <input type="checkbox"/> Self-Employed Business<br>income       |   |

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**CHILD CARE INFORMATION**

(Note: This information is required for each provider)

Provider's Name \_\_\_\_\_ Provider's SSN/EIN \_\_\_\_\_

Providers Address \_\_\_\_\_

Amount paid to provider \$ \_\_\_\_\_

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I am aware that I may owe or have an increase on my tax refund if I find that I have any additional W2(s) or other tax related forms/information after all the final documents are turned into my tax preparer. In order to include this new information, I understand that an amendment is required and for my tax preparer to complete this, I will incur an additional charge of \$45.00 or more.

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

Taxpayers Signature \_\_\_\_\_

Date: \_\_\_\_\_

Spouses Signature \_\_\_\_\_

Date: \_\_\_\_\_