

CUSTOMER DATA SHEET

DATE ____/____/____

TAX YEAR ____ Are you a US citizen and/or US Resident? _____

Name _____
 Occupation _____ Married Y N
 Social Security card Y N Drivers License/ID Y N
 Birth Date _____
 Address _____
 City _____ State _____ Zip _____
 Email address _____
 Phone (day) _____

Have you prepared your return already? _____
 Have you had an estimate of your return done? _____
 Have you applied for a loan on your 2011 tax return? _____
Spouse name _____
Occupation _____
Social Security card Y N **Drivers License/ID** Y N
Birth date _____
Phone (eve) _____

DEPENDENTS: List by name (First, middle, last)	SS Card	DATE OF BIRTH	RELATIONSHIP	MONTHS LIVED IN YOUR HOME
	<u>Y</u> <u>N</u>			
	<u>Y</u> <u>N</u>			
	<u>Y</u> <u>N</u>			
	<u>Y</u> <u>N</u>			
	<u>Y</u> <u>N</u>			

If your child don't live with you but is claimed as your dependent check here

If someone else can claim you as a dependent check here

Can you provide a signed Form 8332? _____

Who can claim you? **Parent/Guardian/Other**

Complete items that pertain to you and/or your spouse

IRA/Roth contributions Y N / Y N
 SEP/Simple contributions Y N / Y N
 Household Moving Expenses \$ _____
 Lodging expenses during move _____ MILES _____

Education Expenses 1098-T **Yes** **No**

Alimony Paid \$ _____
 Paid To: _____ SSN _____

Did you pay estimated tax payments? **Yes** **No**

Federal _____ State _____

CHECK THE INCOME ITEMS WHICH PERTAIN TO YOU AND YOUR SPOUSE

<input type="checkbox"/> W-2'S - # OF W-2'S _____	<input type="checkbox"/> Gambling winnings _____	<input type="checkbox"/> Municipal Bonds _____
<input type="checkbox"/> # OF 1099'S _____	<input type="checkbox"/> Pension/Retirement Income _____	<input type="checkbox"/> Tip/Other Income _____
Interest _____	<input type="checkbox"/> IRA Distribution _____	<input type="checkbox"/> Combat Pay _____
Dividends _____	<input type="checkbox"/> Social Security _____	<input type="checkbox"/> Installment Sale _____
1099-MISC _____	<input type="checkbox"/> Income from Rentals _____	<input type="checkbox"/> Estate/Trusts _____
<input type="checkbox"/> Alimony received _____	<input type="checkbox"/> Partnership/Corp (K-1) _____	<input type="checkbox"/> Farm Income _____
<input type="checkbox"/> Unemployment _____	Did you sell stock, real estate, business auto or business equipment? _____	
<input type="checkbox"/> Lottery winnings _____	Did you sell a personal residence? _____	
<input type="checkbox"/> State Tax Refund _____		

I Authorise Jackson Hewitt Tax Service to call FMS on my behalf to inquire about any government debt owed, that would result in a reduced refund or not receiving my federal and/or state refund.

Did you purchase a new vehicle last year? **YES/NO** If **yes**, what was the total state and local sales & excise taxes paid? _____

Taxpayer Signature _____

Spouse Signature _____

Do you itemize? **YES/NO** If **yes**, see below If **NO**, enter Real Estate Taxes paid \$ _____

ITEMIZED DEDUCTION

Medical
 Prescriptions _____
 Doctors _____
 Dentist _____
 Labs _____
 CoPays _____
 Insurance _____
 Hospital _____
 Surgery _____

Taxes
 Real estate _____
 Personal Property _____
 State tax paid _____
 Estimated state tax pd _____
 Foreign taxes paid _____

MISC
 Tax prep fees _____
 Safe deposit box _____
 IRA fees _____
 Trustee Fees _____

Interest 1098-INT
 Mortgage Int _____
 Mortgage premiums _____
 Points _____

Casualty Loss
 Must have a police/Insurance report.
 Date of casualty _____
 Type of casualty _____
 Value of prop before casualty _____
 Value of prop after casualty _____

Charitable Donations Cash

Must have written acknowledgment from organization
 Church _____
 Other _____

Non-cash Donations

Must have written acknowledgment from organization

	Receipt	Yes	No
Items _____	Date of Contribution _____		
FMV _____	Organization _____		
Condition _____	Address _____		

Unreimbursed Employee Expenses

Union dues _____	Equipment _____	Supplies _____
Assessments _____	Vehicle _____	
Uniforms _____	Gifts _____	

CHILD CARE INFORMATION (Note: This information is required for each provider.)

Provider's name _____	Provider's name _____
Provider's address _____	Provider's address _____
Provider's SSN/EIN _____	Provider's SSN/EIN _____
Amount paid to Provider _____	Amount paid to Provider _____
Child name/Amt pd _____	Child name/Amt pd _____

Taxpayer Intials _____ Spouse's Intials _____