

# REMOTE TAX PROS

Fastest refunds around

## CUSTOMER DATA FORM PERSONAL INFORMATION

	First Name & MI	Last Name	Social Security Number	Date of Birth
Taxpayer				
Spouse				

Address/City/State/Zip Code: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Taxpayer Occupation: \_\_\_\_\_ Spouse Occupation: \_\_\_\_\_

Taxpayer Driver LIC#: \_\_\_\_\_ Spouse Driver LIC#: \_\_\_\_\_

Marital Status  Single  Married Filing Jointly  Married Filing Separately  Head of Household  Single

Can anyone else claim you on their tax return?  Yes  No Do you owe student loans?  Yes  No

Do you owe child support?  Yes  No Do you owe the IRS?  Yes  No

Please list all of your dependents (Note: Do not list yourself and your spouse)

Name (List youngest first) List by name (First, MI and Last Name)	Date of Birth	Social Security Number	Relationship	Months lived in home

Child/Dependent Care Expenses (Note: This is REQUIRED for each provider)

Dependent Cared For: \_\_\_\_\_ Provider's SSN/EIN: \_\_\_\_\_

Provider's Address: \_\_\_\_\_ Amount Paid to Provider: \_\_\_\_\_

### State Tax Information

RENTER

HOMEOWNER

Landlord Name: \_\_\_\_\_ Property Tax Paid in 202\_ : \_\_\_\_\_

Monthly rent: \_\_\_\_\_ Taxable Value of Homestead: \_\_\_\_\_

Number of Months Rented: \_\_\_\_\_ Home Mortgage Interest: \_\_\_\_\_

Home Heating Amount: \_\_\_\_\_

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Extra form for additional information

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