

## Customer Data Sheet 1

Primary Name: \_\_\_\_\_ SSN: \_\_\_\_\_  
 Occupation: \_\_\_\_\_ DOB: \_\_\_\_\_  
 Spouse Name: \_\_\_\_\_ SSN: \_\_\_\_\_  
 Occupation: \_\_\_\_\_ DOB: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Marital Status: \_\_\_\_\_ Phone (Day) \_\_\_\_\_  
 Email address: \_\_\_\_\_ Phone (Eve) \_\_\_\_\_

Dependents (first, initial, last)	Year of birth	Dependents SSN	Relationship	Months lived in home

If your child did not live with you but is claimed as your dependent under a pre-1985 agreement, check here

If someone else can claim you as a dependent, check here

IRA/Roth Contributions.....\$ \_\_\_\_\_ Alimony paid.....\$ \_\_\_\_\_  
 Keogh/SEP/SIMPLE Contributions.....\$ \_\_\_\_\_ Recipient's SSN \_\_\_\_\_  
 Household moving expenses.....\$ \_\_\_\_\_ Lodging expenses during move \$ \_\_\_\_\_ miles \_\_\_\_\_  
 Did you pay estimated Federal (1040ES)/State taxes? Yes/ No Federal \$ \_\_\_\_\_ State \$ \_\_\_\_\_

### Check the income items which pertain to you (Attach Documentation)

(Please indicate the number of documents included next to each item checked if applicable.)

<input type="checkbox"/> _____	State Tax Refund	<input type="checkbox"/> _____	Pension, Retirement Income	<input type="checkbox"/> _____	Installment Sale
<input type="checkbox"/> _____	Wage Statement – W – 2's	<input type="checkbox"/> _____	IRA Distributions	<input type="checkbox"/> _____	Social Security
<input type="checkbox"/> _____	Interest \$ _____	<input type="checkbox"/> _____	Income from rentals	<input type="checkbox"/> _____	Municipal Bonds
<input type="checkbox"/> _____	Dividends	<input type="checkbox"/> _____	Partnership/Corp (K-1)	<input type="checkbox"/> _____	Tip/Other Income
<input type="checkbox"/> _____	Mutual Fund Distributions	<input type="checkbox"/> _____	Estate/Trusts	<input type="checkbox"/> _____	Self-Employed Business Income
<input type="checkbox"/> _____	Alimony Received	<input type="checkbox"/> _____	Farm Income	<input type="checkbox"/> _____	Commissions – 1099s
<input type="checkbox"/> _____	Unemployment \$ _____	<input type="checkbox"/> _____	BAS/BAH \$ _____	<input type="checkbox"/> _____	Subcontractor Pay
<input type="checkbox"/> _____	Lottery or Gambling Winnings	<input type="checkbox"/> _____	Did you buy or sell personal residence?	<input type="checkbox"/> _____	Cash Payments
<input type="checkbox"/> _____	Did you sell any stock, real estate, business autos or business equipment?				

### Child Care Information (Note: this information is required for EACH provider.)

Provider's Name: \_\_\_\_\_  
 Provider's Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Provider's SSN/EIN: \_\_\_\_\_  
 Amount paid to provider \_\_\_\_\_  
 \_\_\_\_\_  
 Provider's Name: \_\_\_\_\_  
 Provider's Address: \_\_\_\_\_  
 \_\_\_\_\_

Provider's Name: \_\_\_\_\_  
 Provider's Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Provider's SSN/EIN: \_\_\_\_\_  
 Amount paid to provider \_\_\_\_\_  
 \_\_\_\_\_  
 Provider's Name: \_\_\_\_\_  
 Provider's Address: \_\_\_\_\_  
 \_\_\_\_\_

Signature

Date