

# TAX 29

## TAX SERVICE

### CLIENT DATA SHEET

Name of Individual Filling Out Data Sheet: \_\_\_\_\_

Best Contact Phone: (        ) \_\_\_\_\_

Date File Was Dropped: \_\_\_\_\_

Tax Year(s) Being Filed: \_\_\_\_\_

#### Client Info: Check Here If Info Is Same as Last Filed at Tax 29 Boardman

State of Residence: \_\_\_ Full Year , If not, what other state did you reside? \_\_\_\_\_

Filing Status (please circle one): Single / Married Filing Joint / Married Filing Separate / Head of Household / Qualifying widow

Name of Taxpayer: \_\_\_\_\_ Spouse Name: \_\_\_\_\_

SSN: \_\_\_\_\_ Spouse SSN: \_\_\_\_\_

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

Date of Birth: \_\_\_\_\_ Spouse Date of Birth: \_\_\_\_\_

Can you be claimed as a dependent? Yes  No

#### Contact Info: Check Here If Info Is Same as Last Filed at Tax 29 Boardman

Mailing Address: \_\_\_\_\_ Apt: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_ Zip: \_\_\_\_\_

Physical Address (if different): \_\_\_\_\_ Apt: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_ Zip: \_\_\_\_\_

IF MOVED DURING TAX YEAR

Old Physical Address: \_\_\_\_\_ Apt: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_ Zip: \_\_\_\_\_ Date of Move: \_\_\_\_\_

Phone: (        ) \_\_\_\_\_ Spouse Phone: (        ) \_\_\_\_\_

Email Address: \_\_\_\_\_ Spouse Email Address: \_\_\_\_\_

#### Taxpayer ID Info: Check Here If Info Is Same as Last Filed at Tax 29 Boardman

Taxpayer:	Spouse:
Driver's License: _____	Driver's License: _____
State: _____	State: _____
Issue Date: _____	Issue Date: _____
Expiration Date: _____	Expiration Date: _____
Residence County: _____	Are You Retired: Taxpayer <input type="checkbox"/> Spouse <input type="checkbox"/> Both <input type="checkbox"/>

**Dependent Info: Check Here If Info Is Same as Last Filed at Tax 29 Boardman**

Name: \_\_\_\_\_

Name: \_\_\_\_\_

DOB: \_\_\_\_\_

DOB: \_\_\_\_\_

SSN: \_\_\_\_\_

SSN: \_\_\_\_\_

Relationship to taxpayer: \_\_\_\_\_

Relationship to taxpayer: \_\_\_\_\_

Months lived with you? \_\_\_\_\_

Months lived with you? \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

DOB: \_\_\_\_\_

DOB: \_\_\_\_\_

SSN: \_\_\_\_\_

SSN: \_\_\_\_\_

Relationship to taxpayer: \_\_\_\_\_

Relationship to taxpayer: \_\_\_\_\_

Months lived with you? \_\_\_\_\_

Months lived with you? \_\_\_\_\_

For Any Additional Dependents Fill Out Information on Back of This Form

**Banking Info: Check Here If Info Is Same as Last Filed at Tax 29 Boardman**

Name of Bank: \_\_\_\_\_

Routing #: \_\_\_\_\_

Account #: \_\_\_\_\_

Checking  Savings

Did each member of the household have health insurance all year? Yes  No   
If not, who was covered and for which months were they covered by health insurance?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I certify that the information provided on this form is true accurate to the best of my knowledge and belief and I understand that I may subject myself to any applicable fees and or penalties if the above facts are found to be falsified or incorrect.

Signature of person responsible: \_\_\_\_\_

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