

# TAX 29

## TAX SERVICE

### Client Data Sheet -Salem-

**CLIENT INFO:** Check Here If Info Is Same as Last Filed at Tax 29 Salem

State of Residence on 12/31:  Lived in that state all year: Yes  No  If no, what other state:

**Filing Status** (please select one):  
Single    Married Filing Joint    Married Filing Separate    Head of Household    Qualifying Widow

|  |  |
|--|--|
| <b>Taxpayer Name:</b> <input type="text"/> | <b>Spouse Name:</b> <input type="text"/>   |
| <b>Taxpayer SSN:</b> <input type="text"/>  | <b>Spouse SSN:</b> <input type="text"/>    |
| <b>Occupation:</b> <input type="text"/>    | <b>Occupation:</b> <input type="text"/>    |
| <b>Date of Birth:</b> <input type="text"/> | <b>Date of Birth:</b> <input type="text"/> |

Can you be claimed as a dependent by someone else for the tax year being filed? Yes  No

**CONTACT INFO:** Check Here If Info Is Same as Last Filed at Tax 29 Salem

#### M A I L I N G   A D D R E S S

Mailing Address:  Apt:   
City:  State:  Zip:

#### P H Y S I C A L   A D D R E S S   I F   D I F F E R E N T

Physical Address:  Apt:   
City:  State:  Zip:

#### I F   M O V E D   D U R I N G   T H E   Y E A R

Old Physical Address:  Apt:   
City:  State:  Zip:   
DATE OF THE MOVE:

**CONTACT INFO:** Check Here If Info Is Same as Last Filed at Tax 29 Salem

Taxpayer Phone:

Spouse Phone:

Taxpayer E-Mail:

Spouse E-Mail:

**STATE ID INFO:** Check Here If Info Is Same as Last Filed at Tax 29 Salem

**Taxpayer:**

License Number:

State:

Issue Date:

Expiration Date:

**Spouse:**

License Number:

State:

Issue Date:

Expiration Date:

Residence County:

You Retired: Taxpayer  Spouse  Both

**DEPENDENT INFO:** Check Here If Info Is Same as Last Filed at Tax 29 Salem

Dependent Name:

Dependent DOB:

Dependent SSN:

How They're Related to You:

Number of Months Lived Together in The Year:

Dependent Name:

Dependent DOB:

Dependent SSN:

How They're Related to You:

Number of Months Lived Together in The Year:

Dependent Name:

Dependent DOB:

Dependent SSN:

How They're Related to You:

Number of Months Lived Together in The Year:

Dependent Name:

Dependent DOB:

Dependent SSN:

How They're Related to You:

Number of Months Lived Together in The Year:

**BANK INFO:** Check Here If Info Is Same as Last Filed at Tax 29 Salem

Name of the Bank:

Routing Number:

Account Number:

Checking  Savings

## STATE AND LOCAL TAX OBLIGATIONS

If you have any states other than Ohio state tax requirements our starting fee is \$68 (\$27 for PA) and our local returns start at \$16 (non-standard city returns may be denied drop off service).

I would like Tax 29 to complete all my state return filing obligations: Yes  No   
I would like Tax 29 to complete all my local return filing obligations: Yes  No

## FORMS OF INCOME

- |   |   |
|---|---|
| <input type="checkbox"/> W-2 INCOME                       | <input type="checkbox"/> GAMBLING                             |
| <input type="checkbox"/> RENTAL                           | <input type="checkbox"/> 1099-MISC                            |
| <input type="checkbox"/> INVESTMENT (INTERST & DIVIDENDS) | <input type="checkbox"/> RETIREMENT INCOME (SSA-1099, 1099-R) |
| <input type="checkbox"/> CAPITAL GAINS (STOCK TRADES)     | <input type="checkbox"/> SELF-EMPLOYED (1099-NEC)             |
| <input type="checkbox"/> UNEMPLOYMENT                     |   |

IF YOU ARE DROPPING OFF A RETURN THAT INCLUDES SELF-EMPLOYED OR RENTAL INCOME YOU MUST FILL OUT THE CORRESPONDING DEDUCTION SHEET (IF YOU ARE INCLUDING YOUR OWN LIST OF DEDUCTIONS YOU ARE EXEMPTED FROM THIS REQUIREMENT.)

## OTHER DEDUCTIONS THAT MAY APPLY

- |  |                      |
|--|----------------------|
| <input type="checkbox"/> Charitable Donations                        | <input type="text"/> |
| <input type="checkbox"/> Student Loan Interest                       | <input type="text"/> |
| <input type="checkbox"/> Out-of-Pocket Medical                       | <input type="text"/> |
| <input type="checkbox"/> Energy Efficient Home Improvements          |                      |
| <input type="checkbox"/> College Tuition (Be sure to include 1098-T) |                      |

Amount of Advanced Child Tax Credit Received as reported on IRS Letter 6419:

ACTC:

No. of Dep:

If any person on this return was covered by Marketplace Health Insurance for any time during the tax year, you are required to provide us with a 1095-A Form.

I hereby acknowledge that the information provided on this form is true and accurate to the best of my knowledge and belief. I understand that the tax preparer intends to use this information to prepare the appropriate tax forms based on the information provided and I agree to pay the preparation fee which is to be determined upon completion. I understand that I may delay my filing and refund as well as may subject myself to any applicable fees and/or penalties if the information provided is not complete, accurate and/or otherwise falsified or incorrect.

Signature of Responsible Individual: \_\_\_\_\_ Date: \_\_\_\_\_

**TAX 29 EMPLOYEE USE**