

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

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

Tax 29 charges \$9 for an Ohio state tax return and our starting fee is \$75 for other states (\$29 for PA). 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) | |

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