

DATE: _____

Tax Year 2013

Pro-Tax Client Data Sheet

(Please include a copy of your last year's return)
This form is to assist us in gathering your income tax information.

TAXPAYER NAME _____ SPOUSES NAME _____

OCCUPATION _____ OCCUPATION _____

BIRTHDATE _____ SPOUSE BIRTHDATE _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

PHONE (HOME) _____ PHONE (CELL) _____

EMAIL ADDRESS _____ MARITAL STATUS _____

New Dependent Information:

Name of Dependent	Date of Birth	Relationship to you	# of months lived with you

CHECK ALL THAT APPLY

- Has the child been in the household for more than 6 months?
- Has the taxpayer paid more than half of the support for the child?
- Can someone else claim you as a dependant?
- You and your spouse lived apart during the year? If yes, did you live together at any time more than 6 months?
 - Yes No

HAVE YOU RECEIVED ANY OF THE FOLLOWING FOR MICHIGAN HOUSEHOLD INCOME?

- Social Security Income/ Disability Income
- Unemployment Income
- Child support
- Cash assistance from FIA or DHS
- 401K withdraw
- Self-Employed

RENTERS'/HOMEOWNERS' INFORMATION

Landlord 1 Name _____ Monthly Rent 1 _____

Landlord 1 Address _____ Months Rented 1 _____

Over to next page



DATE: _____

Tax Year 2013

COLLEGE TUITION INFORMATION

School Attended: _____

First two years? _____

CHECK THE INCOME ITEMS WHICH PERTAIN TO YOU

- | | | |
|--|---|--|
| <ul style="list-style-type: none"> <input type="checkbox"/> Wage Statement- W-2s
(How many) _____ <input type="checkbox"/> Interest \$ _____
(Including savings bonds) <input type="checkbox"/> Pension, retirement income <input type="checkbox"/> Income from rentals <input type="checkbox"/> Partnership/s Corporation(K-1) <input type="checkbox"/> Estates/Trust <input type="checkbox"/> Farm Income | <p>(Provide Documentation)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Unemployment \$ _____ <input type="checkbox"/> Lottery or gambling winnings <input type="checkbox"/> Installment Sale <input type="checkbox"/> Social Security/railroad retirement <input type="checkbox"/> Municipal Bonds <input type="checkbox"/> Dividends <input type="checkbox"/> Self-Employed Business income | <ul style="list-style-type: none"> <input type="checkbox"/> Commissions- 1099s <input type="checkbox"/> Combat Zone Pay <input type="checkbox"/> Tip/Other Income <input type="checkbox"/> Moving Expense <input type="checkbox"/> Alimony Received <input type="checkbox"/> BAS/BAH \$ _____
(Military Housing Allowance) |
|--|---|--|

CHILD CARE INFORMATION

(Note: This information is required for each provider)

Provider's Name _____ Provider's SSN/EIN _____

Providers Address _____

Amount paid to provider \$ _____

I am aware that I may owe or have an increase on my tax refund if I find that I have any additional W2(s) or other tax related forms/information after all the final documents are turned into my tax preparer. In order to include this new information, I understand that an **amendment** is required and for my tax preparer to complete this, I will incur an additional charge of **\$40.00 or more.**

I CERTIFY THAT I WOULD LIKE MY TAXES PREPARED ACCORDING TO THE INFORMATION I SUPPLIED ABOVE AND THAT I ATTEST THAT ALL THE INFORMATION GIVEN IS TRUE. NOT HOLDING PRO-TAX LIABLE FOR ANY FALSE INFORMATION.

Taxpayers Signature _____

Date: _____

Spouses Signature _____

Date: _____