

# Ameri Tax Client Data Sheet

*(Please include a copy of your last year's return)*

TAXPAYER NAME _____
SSN _____ BIRTHDATE _____

SPOUSE NAME _____
SSN _____ BIRTHDATE _____

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

CELL PHONE \_\_\_\_\_ ALT. PHONE \_\_\_\_\_

EMAIL ADDRESS (MANDATORY) \_\_\_\_\_

Dependents: ( List Youngest First) Name (First, Initial and Last Name)	Month, Day & Year of Birth	Dependent's SSN	Relationship to you	Months lived in your home?

**CHECK ALL THAT APPLY**

- Someone else can claim you as a dependent.
- You paid *estimated* Federal or State taxes last year. Federal \$ \_\_\_\_\_ State \$ \_\_\_\_\_
- You itemized last year. If yes, amount of Refund from / Balance Due to State \$ \_\_\_\_\_
- You or your spouse were a resident of another state or earned income in another state during the last year.

Would you like your refund deposited into your bank account?  Yes  No Checking \_\_\_\_\_ Savings \_\_\_\_\_

Routing Number \_\_\_\_\_ Account Number \_\_\_\_\_

**CIRCLE ALL THAT APPLY**

- |   |  |   |
|---|--|---|
| <ul style="list-style-type: none"> <li>• Wage Statement – W-2s</li> <li>• 1099s</li> <li>• IRAs</li> <li>• Sell Stocks or Bonds</li> <li>• Received Unemployment</li> <li>• Alimony (Paid or Received) Prior 2018</li> <li>• Buy or sell a home</li> <li>• Own Rental Property</li> </ul> | <ul style="list-style-type: none"> <li>• Received Interest</li> <li>• Received Dividends</li> <li>• Pension or Retirement Income</li> <li>• Social Security Income</li> <li>• Own a Business or Self Employed</li> <li>• Tips / Other Income</li> <li>• Education Expense</li> <li>• Lottery or Gambling Winnings</li> </ul> | <ul style="list-style-type: none"> <li>• Charity or Religious Contributions</li> <li>• Property Tax</li> <li>• Mortgage Interest</li> <li>• Mortgage Points (i.e. closing points)</li> <li>• Medical Expense</li> <li>• Tax Preparation Expenses</li> <li>• Union Dues</li> <li>• Job Expenses or Training</li> </ul> |
|---|--|---|

**CHILD CARE INFORMATION**

(Note: This information is required for each provider. Use the back of this sheet if more space is needed.)

Provider's Name \_\_\_\_\_ Provider's SSN/EIN \_\_\_\_\_

Provider's Address \_\_\_\_\_ Amount Paid to Provider \_\_\_\_\_ Tel # of Provider \_\_\_\_\_

***Please let us know if you like complimentary consultation regarding any of the following Topics:***

- Saving for Child's College  Saving for Home Purchase  Budget and Financial Plan Check-up
- Saving and Planning for Retirement  Protection against Stock Market Instability, 401k, IRA
- Planning for sickness, disability or Job Loss  Mortgage, Asset or Business Protection
- Life Insurance  Transferring wealth to loved ones upon death

**I CERTIFY THAT I WOULD LIKE MY TAXES PREPARED ACCORDING TO THE INFORMATION I HAVE SUPPLIED**

Taxpayer's Signature \_\_\_\_\_ Date \_\_\_\_\_

Spouse's Signature \_\_\_\_\_ Date \_\_\_\_\_