

# Client Data Sheet

Please fill out all areas that apply and skip those that don't.  
When you are finished please return this sheet to an employee of Jo's Tax Service.

**Do you want to E-File?**

Y ( ) N ( )

*Please be aware that e-file or mail in there are forms that require signatures for you, and your spouse when present on return before we can legally release papers to you.*

DATE: \_\_\_\_\_

	Tax Payer	Spouse
Name:		
SSN:		
Address:		
County		
School District		
Phone: (Day)		
Phone: (Eve)		
Birthdate:		
E-mail address:		
Occupation:		

**Filing Status (Circle One)**

*Please note, if married filing separate and e-filing we will need the SSN of your spouse.*

MFJ – Married Filing Joint                      MFS – Married Filing Separate                      S - Single  
 HOH – Head of Household                      QW – Qualifying Widow

Marital Status: \_\_\_\_\_

*If married filing separate, does your spouse itemize?*                      Y ( ) N ( )

*Do you pay more than half the cost of maintaining your home?*                      Y ( ) N ( )

*Can someone else claim you as a dependent?*                      Y ( ) N ( )

## Dependents

If you have more dependents than 5 please list on the back of sheet.

Name	SSN	DOB	Relationship	Months in home

## Check List

Please be sure to have the following with you if possible.

If you wish to e-file we require IDs **and** SS Cards for you, your spouse, and any dependents listed on your return. If you do not have them you may return with them as soon as possible.

- ( ) Social Security Card(s) for all individuals listed on return
- ( ) Driver's License or ID (And for spouse if applicable)
- ( ) A copy of last year's tax return (**If you are a new client**)
- ( ) A copy of 1095A B or C if you had insurance any time during the year

Referred by: \_\_\_\_\_