

CUSTOMER INFORMATION SHEET

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TAXPAYER _____
 Name- First, MI, Last SSN DOB Occupation

SPOUSE _____
 Name- First, MI, Last SSN DOB Occupation

ADDRESS _____
 Mailing address-include city, state and zip

PHONE _____ EMAIL _____

Months covered by healthcare insurance in 2015: Taxpayer _____ Spouse _____
 Did anyone purchase insurance through Healthcare.gov in 2015? Yes

DEPENDENTS

FULL NAME (as it appears on the Social Security card)	SSN	DOB	Relation-ship	Months in home	Months of Health Ins.

One or more of dependents is: Disabled

Please check if you have incurred: Childcare expenses*

Education expenses**

*Please provide Caregiver(s) Name, address, tax ID and Amount paid
 **Please provide 1098-T and cost for books and supplies

Do you provide financial support for anyone else, even if they do not live with you? Yes

2015 INCOME

Please check yes or no for all that apply for the tax year and include the total number of Each form type where indicated.

INCOME TYPE	YES	NO	# FORMS	COMMENTS
WAGE (W-2)	<input type="checkbox"/>	<input type="checkbox"/>		
ACTIVE DUTY MILITARY PAY	<input type="checkbox"/>	<input type="checkbox"/>		
INTEREST (1099 INT/1099 CONSOLIDATED)	<input type="checkbox"/>	<input type="checkbox"/>		
DIVIDEND (1099 DIV/1099 CONSOLIDATED)	<input type="checkbox"/>	<input type="checkbox"/>		
UNEMPLOYMENT	<input type="checkbox"/>	<input type="checkbox"/>		
RETIREMENT/PENSION/IRA (1099-R)	<input type="checkbox"/>	<input type="checkbox"/>		
SOCIAL SECURITY	<input type="checkbox"/>	<input type="checkbox"/>		
TIP INCOME	<input type="checkbox"/>	<input type="checkbox"/>		
ALIMONY	<input type="checkbox"/>	<input type="checkbox"/>		
PARTNERSHIP/S-CORP/TRUST (K-1)	<input type="checkbox"/>	<input type="checkbox"/>		
SALE OF STOCK (1099 B/1099 CONSOLIDATED)	<input type="checkbox"/>	<input type="checkbox"/>		
GAMBLING/LOTTERY WINNINGS (W2-G)	<input type="checkbox"/>	<input type="checkbox"/>		
SALE OF HOME	<input type="checkbox"/>	<input type="checkbox"/>		
CANCELLED DEBT	<input type="checkbox"/>	<input type="checkbox"/>		
RENTAL INCOME (FILL OUT RENTAL FORM)	<input type="checkbox"/>	<input type="checkbox"/>		
SELF EMPLOYMENT (FILL OUT SE FORM)	<input type="checkbox"/>	<input type="checkbox"/>		
FOREIGN WAGES/SELF EMPLOYMENT	<input type="checkbox"/>	<input type="checkbox"/>		
STATE TAX REFUND	<input type="checkbox"/>	<input type="checkbox"/>		
SSI DISABILITY/VET BENEFITS/CHILD SUPPORT SNAP/HOUSING ASSISTANCE/OTHER NON-TAXABLE INCOME	<input type="checkbox"/>	<input type="checkbox"/>		
OTHER INCOME NOT LISTED ABOVE	<input type="checkbox"/>	<input type="checkbox"/>		

Preparer use only: PRIOR/NEW EIC : Y/N DEP. TAXPAYER : Y/N FILING STATUS: S MFJ MFS HH QW

DEDUCTIONS AND ADDITIONAL INFORMATION

	YES	NO	COMMENTS
DID YOU PAY ESTIMATED TAXES? (SEE BELOW)	<input type="checkbox"/>	<input type="checkbox"/>	
ARE YOU A K-12 TEACHER?	<input type="checkbox"/>	<input type="checkbox"/>	
ARE YOU A MILITARY RESERVIST?	<input type="checkbox"/>	<input type="checkbox"/>	
DO YOU HAVE ANY FOREIGN BANK ACCOUNTS?	<input type="checkbox"/>	<input type="checkbox"/>	
DID YOU MOVE MORE THAN 50 MILES?	<input type="checkbox"/>	<input type="checkbox"/>	
DID YOU CONTRIBUTE TO AN HAS?	<input type="checkbox"/>	<input type="checkbox"/>	
DID YOU HAVE ANY HSA DISTRIBUTIONS? (1099-SA)	<input type="checkbox"/>	<input type="checkbox"/>	
DID YOU CONTRIBUTE TO A SEP/SIMPLE/IRA OR WILL YOU CONTRIBUTE BEFORE APRIL 15 TH ?	<input type="checkbox"/>	<input type="checkbox"/>	
DID YOU PAY ALIMONY?	<input type="checkbox"/>	<input type="checkbox"/>	
DID YOU PAY FOR HEALTH INSURANCE WHILE SELF EMPLOYED?	<input type="checkbox"/>	<input type="checkbox"/>	
DO YOU/YOUR SPOUSE HAVE EDUCATION EXPENSES?	<input type="checkbox"/>	<input type="checkbox"/>	
DID YOU ADOPT A CHILD?	<input type="checkbox"/>	<input type="checkbox"/>	
DID YOU HAVE UNREIMBURSED MEDICAL EXPENSES?	<input type="checkbox"/>	<input type="checkbox"/>	
DO YOU OWN A HOME? (FORM 1098)	<input type="checkbox"/>	<input type="checkbox"/>	
DID YOU PAY PROPERTY TAX?	<input type="checkbox"/>	<input type="checkbox"/>	
DID YOU DONATE MONEY TO CHARITY?	<input type="checkbox"/>	<input type="checkbox"/>	
DID YOU DONATE GOODS TO CHARITY?	<input type="checkbox"/>	<input type="checkbox"/>	
DID YOU HAVE UNREIMBURSED JOB RELATED EXPENSES?	<input type="checkbox"/>	<input type="checkbox"/>	
DID YOU MAKE POLITICAL CONTRIBUTIONS?	<input type="checkbox"/>	<input type="checkbox"/>	
DO YOU HAVE LONG TERM CARE INSURANCE?	<input type="checkbox"/>	<input type="checkbox"/>	
DID YOU PUT MONEY IN THE OREGON COLLEGE SAVINGS PLAN?	<input type="checkbox"/>	<input type="checkbox"/>	
DID YOU DONATE TO THE OREGON CULTURAL TRUST?	<input type="checkbox"/>	<input type="checkbox"/>	
DID YOU WORK IN MULTIPLE STATES?	<input type="checkbox"/>	<input type="checkbox"/>	
DID YOU LIVE IN OREGON ALL YEAR?	<input type="checkbox"/>	<input type="checkbox"/>	
DO YOU USE PART OF YOUR HOME FOR BUSINESS? (PLEASE FILL OUT HOME OFFICE FORM)	<input type="checkbox"/>	<input type="checkbox"/>	

ESTIMATED TAX PAYMENT INFORMATION

REFUND CARRYFORWARD	Q1 DUE 4/15	Q2 DUE 6/15	Q3 DUE 9/15	Q4 DUE 1/15	TOTAL
FEDERAL \$	\$	\$	\$	\$	\$
STATE \$	\$	\$	\$	\$	\$

By signing this statement, I agree that the information furnished to In or Out Tax Service, Inc for preparing and filing my tax return is true and correct to the best of my knowledge. In or Out Tax Service, Inc's liability is limited to paying for interest or penalties due to their error. In or Out Tax Service, Inc is not responsible for interest or penalties on my return if I (or my spouse) provide inaccurate or incomplete information. In addition, I agree to pay an hourly fee, not to exceed \$100/hour, if I decline to complete my tax return with In or Out Tax Service, Inc after work has begun.

Customer Signature

Date