

FORM #1: CUSTOMER INFORMATION SHEET

If you are unsure of the answer to any of these questions, please ask your preparer.

Taxpayer				
	name	ssn	dob	job title
*Can anyone claim you as a dependent?	Y/N			
Spouse				
	name	ssn	dob	job title
Phone			Email	
Address				
	mailing address (including city, state and zip code)			
<i>Preparer-Use Only: Verify Name, Address, SSN, DOB, FILING STATUS</i>				

DEPENDENT INFORMATION (as it appears on the social security card, otherwise the IRS will deny)					
*Are any of your dependents disabled? Y/N			*Are any of your dependents married? Y/N		
	name	ssn	dob	relation	# months in home
1					
2					
3					
4					
*Do you financially support anyone else? Y/N					

EARNED INCOME CREDIT QUESTIONS (EIC)		N/A []
1. Are you married? Y/N	a) If yes, did you live with your spouse after June 30th, 2012? Y/N	
2. Were any children living with you for more than 6 months during 2012? Y/N		
3. Did you live in the U.S. for more than 6 months during 2012? Y/N		

CHILD CARE INFORMATION (for each provider)		
name:	phone:	ssn/ein:
address:		amt paid:
name:	phone:	ssn/ein:
address:		amt paid:

INCOME

	YES	NO		YES	NO
W-2 Wages	<input type="checkbox"/>	<input type="checkbox"/>	Self-Employment Income (use FORM 2)	<input type="checkbox"/>	<input type="checkbox"/>
Interest/Dividends	<input type="checkbox"/>	<input type="checkbox"/>	Rental Property (use FORM 3)	<input type="checkbox"/>	<input type="checkbox"/>
Retirement (1099-R)	<input type="checkbox"/>	<input type="checkbox"/>	Partnership, Trust, SCORP (K-1)	<input type="checkbox"/>	<input type="checkbox"/>
Social Security	<input type="checkbox"/>	<input type="checkbox"/>	Gambling Winnings (W-2G)	<input type="checkbox"/>	<input type="checkbox"/>
Unemployment	<input type="checkbox"/>	<input type="checkbox"/>	Alimony	<input type="checkbox"/>	<input type="checkbox"/>
Tips	<input type="checkbox"/>	<input type="checkbox"/>	Stock Sales	<input type="checkbox"/>	<input type="checkbox"/>
State tax refund	<input type="checkbox"/>	<input type="checkbox"/>	Other Income:	<input type="checkbox"/>	<input type="checkbox"/>

ADDITIONAL INFORMATION FOR TAX PREPARATION

	YES	NO		YES	NO
Did you pay estimated taxes?	<input type="checkbox"/>	<input type="checkbox"/>	Did you make political contributions?	<input type="checkbox"/>	<input type="checkbox"/>
Do you own a home?	<input type="checkbox"/>	<input type="checkbox"/>	Did you use part of your home for business? If yes, please fill out form #5.	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay property taxes?	<input type="checkbox"/>	<input type="checkbox"/>	Did you buy wood/pellets to heat your home?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have tuition expense?	<input type="checkbox"/>	<input type="checkbox"/>	Did you buy an energy efficient appliance?	<input type="checkbox"/>	<input type="checkbox"/>
Are you paying off student loans?	<input type="checkbox"/>	<input type="checkbox"/>	Did you contribute to a retirement plan?	<input type="checkbox"/>	<input type="checkbox"/>
Did you move?	<input type="checkbox"/>	<input type="checkbox"/>	Did you have significant medical costs?	<input type="checkbox"/>	<input type="checkbox"/>
Did you work in multiple states?	<input type="checkbox"/>	<input type="checkbox"/>	Did you pay for your own health insurance?	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay alimony?	<input type="checkbox"/>	<input type="checkbox"/>	Did you make a contribution to or a distribution from a health savings acct?	<input type="checkbox"/>	<input type="checkbox"/>
Are you a K-12 teacher?	<input type="checkbox"/>	<input type="checkbox"/>	Do you have any foreign bank/trust accts?	<input type="checkbox"/>	<input type="checkbox"/>
Did you donate to charity?	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>

NOTES

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 penalties and interest incurred 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) provided inaccurate information, or if I (or my spouse) neglected to provide necessary tax information. Additionally, I agree to pay an hourly fee (not to exceed \$100/hr) if I decline to complete my tax return with In or Out Tax Service, Inc., after work has begun.

Customer Signature _____

Date _____