

### Client Annual Data Form (Tax Year 2016)

Name: \_\_\_\_\_ Date: \_\_\_\_\_ Telephone:(CELL): \_\_\_\_\_

(HOME): \_\_\_\_\_

E-mail: \_\_\_\_\_

(WORK/OTHER) \_\_\_\_\_

Address: \_\_\_\_\_

(1) Do you want to ADD any new dependents?

Yes\_\_ No\_\_ N/A\_\_

(If yes, please provide name, date of birth, and SS#).

\_\_\_\_\_  
\_\_\_\_\_

(2) Did you pay for child care in 2016?

Yes\_\_ No\_\_ N/A\_\_

Name of provider: \_\_\_\_\_

Address: \_\_\_\_\_

Tax ID/SSN: \_\_\_\_\_

(3) Do you want to REMOVE any dependents?

Yes\_\_ No\_\_ N/A\_\_

(If yes, provide name, date of birth).

\_\_\_\_\_  
\_\_\_\_\_

**FOR QUESTIONS 4 - 14 INCLUDE YOURSELF AND YOUR SPOUSE, IF MARRIED FILLING JOINTLY**

(4) Did you receive unemployment in 2016?

Yes\_\_ No\_\_

(5) Did you receive distribution from 401K or IRA?

Yes\_\_ No\_\_

(6) Did you receive distribution from Social Security?

Yes\_\_ No\_\_

(7) Did you pay Student Loans?

Yes\_\_ No\_\_

(8) Did you sell real estate?

Yes\_\_ No\_\_

(9) Did you purchase real estate?

Yes\_\_ No\_\_

(10) Did you refinance real estate?

Yes\_\_ No\_\_

(11) Did you receive alimony in 2016?

Yes\_\_ No\_\_

(12) Do you have a foreign bank account?

Yes\_\_ No\_\_

(If yes to question 18, is the balance 10,000USD or more?)

Yes\_\_ No\_\_ N/A\_\_

(13) Did you have debt cancellation in 2016?

Yes\_\_ No\_\_

(14) How many jobs did you have in 2016? \_\_\_\_\_

(15) Did you have Health Insurance the entire 2016?

(Taxpayer) Yes\_\_ No\_\_ Partial\_\_

(Spouse) Yes\_\_ No\_\_ Partial\_\_ N/A\_\_

(Dependents) Yes\_\_ No\_\_ Partial\_\_ N/A\_\_

(16) Did you get married/divorced/separated?

Yes\_\_ No\_\_ (If yes, please provide the date) \_\_\_\_\_

(17) What was your monthly rent in 2016?

\$\_\_\_\_\_/per month N/A\_\_

(18) How will you pay for our services?

*(Fees must be paid before e-file or delivery)*

Cash\_\_\_\_ Check\_\_\_\_ Credit/Debit Card\_\_\_\_

Deducted from refund (extra bank fees are incurred)\_\_\_\_

(19) How would you like to receive your refund?

IRS Check (by mail in 4-5 Wks)-----

Office Pickup--Fees Must be Deducted (office in 2-3 Wks)\_\_\_\_

Direct Deposit (in your account in 2-3 Wks)-----

(20) Did your bank information change for direct deposit? (If yes, please provide copy of voided check)

Yes\_\_ No\_\_ N/A\_\_

(21) How would you like your tax return copies?

\_\_Email\_\_ Paper\_\_ Mail (USPS Priority Fees apply)

**Note: additional copies will cost \$15.00**

Notes/Comments: Thank you for taking the time to complete this form. It is a pleasure doing business with you!!!