

CUSTOMER DATA SHEET

This form is to assist you in gathering your income tax information

UNKLESAM TAX SERVICES LLC

PRIMARY NAME: _____ **SSN:** _____
OCCUPATION: _____ **BIRTH DATE:** _____
SPOUSE NAME: _____ **SSN:** _____
OCCUPATION: _____ **BIRTH DATE:** _____
ADDRESS: _____
MARITAL STATUS: _____ **PHONE (DAY):** _____
STATE (Specify): _____ **PHONE (EVE):** _____
EMAIL ADDRESS: _____

Dependents Name (first, initial and last name)	Year of Birth mm/dd/yy	Dependent's Social Security number	Relationship	Months lived in your home

If your child didn't live with you but is claimed as your dependent under a pre-1985 agreement, check here

If someone else can claim you as a dependent, check here

IRA/Roth Contribution \$ _____ Keogh/SEP/SIMPLE Contribution \$ _____ Household moving expenses \$ _____ Did you pay estimated Federal (1040ES/State taxes? Yes/No Do you itemize? Yes/No	Alimony paid \$ _____ Recipient's SSN \$ _____ Logging expenses during moving \$ _____ Miles: _____ Federal \$ _____ Which State? _____ \$ _____
---	--

CHECK THE INCOME ITEMS WHICH PERTAIN TO YOU (Attach Documentation)

- | | | |
|--|---|--|
| <input type="checkbox"/> Alimony Received | <input type="checkbox"/> BAS/BAH | <input type="checkbox"/> Cash Payments |
| <input type="checkbox"/> Dividends | <input type="checkbox"/> Estate/Trust | <input type="checkbox"/> Commissions- 1099s |
| <input type="checkbox"/> Interest | <input type="checkbox"/> Farm Income | <input type="checkbox"/> Installment Sales |
| <input type="checkbox"/> Lottery or Gambling Winnings | <input type="checkbox"/> Income from Rentals | <input type="checkbox"/> Municipal Bonds |
| <input type="checkbox"/> Mutual Fund Distributions | <input type="checkbox"/> IRA Distribution | <input type="checkbox"/> Self Employed Business Income |
| <input type="checkbox"/> State Tax Refund | <input type="checkbox"/> Partnerships/Corporation (K-1) | <input type="checkbox"/> Social Security |
| <input type="checkbox"/> Unemployment | <input type="checkbox"/> Pension, Retirement Income | <input type="checkbox"/> Subcontractor Pay |
| <input type="checkbox"/> Wage Statement - W-2s | <input type="checkbox"/> Did you buy or sell a personal resident? | <input type="checkbox"/> Tip/Other Income |
| <input type="checkbox"/> Did you sell any stock, real estate, business auto or business equipment? | | |

Child care information (Note: This information is required for each provider.)

Provider's Name: _____	Provider's SSN: _____
Provider's Address: _____	Amount Paid to Provider's _____
Provider's Name: _____	Provider's SSN: _____
Provider's Address: _____	Amount Paid to Provider's _____

FILING & PAYMENTS OPTIONS:

- I AGREE FEES TO BE DEDUCTED FROM REFUND **** (BANK FEES MAY APPLY)**
 I DO NOT AGREE. FEES PAYMENT REQUIRED BEFORE RETURN IS TRANSMITTED.

Signature _____

Date: _____

POSSIBLE LEGAL ITEMIZED DEDUCTIONS

LIST AMOUNTS FOR ITEMS YOU HAVE - KEEP RECEIPTS FOR YOUR DEDUCTIONS

Medical & Dental

Doctor _____
Doctor _____
Operations _____
Prescriptions Drugs _____
Medical/Dental Insurance _____
Long-Term Care Insurance _____
Hospital & Emergency _____
Lab & X-Ray _____
Visiting Nurses/In-Home Care _____
Dental _____
Dentures/Braces _____
Glasses, Contact Lenses & Supplies _____
Hearing Aids & Batteries _____
Orthopedic Shoes _____
Therapy Treatment _____
Canes/Crutches/Braces _____
Wheelchairs _____
On Doctors advice:
 Air Conditioning _____
 Vaporizers _____
 Thermometers & Bandages _____
Medical Miles Driven _____
Other Medical Transportation _____

Contributions

Church _____
College _____
Unite Way _____
March of Dime _____
CFC _____
Other _____
Value of furniture or clothing
given to Charity Org _____

Volunteer work expenses:
 Church, Scouts, Schools etc _____
 Auto Miles Driven _____

Taxes

Real Estate Tax _____
Personal Property Tax _____
State Income Tax _____

Interest Paid

Home Mortgage Interest _____
2nd Mortgage to Individual _____
Home Mortgage to Individual _____
 Name _____
 Address _____

Casualty Losses

Accident, Fire, Theft and
Natural Disasters _____

Miscellaneous and Employee Business Expenses

Advertising _____
Car & Truck Expenses _____
Education Expenses _____
Investment Expenses _____
Legal & Professional Services _____
Office Expenses _____
Rent or Lease Payments _____
Safe Deposit Box _____
Safety Shoes and Gloves _____
Tax Return Preparation _____
Uniform Cleaning _____
Union Dues _____
Utilities/Telephone _____
Work Tools _____

Employment/Job Seeking Fees _____
Sales/Entertainments _____
Office-in-Home Expenses _____
Business Travel _____
 Out of Town/Temporary _____
Vehicle Use (Auto, Truck) Miles
 For work (not Commute) _____
Miles Driven to 2nd Job _____
Others _____

Self-Employed Business Expenses

Repairs & Maintenance _____
Supplies _____
Taxes & Licenses _____
Travel _____
Meals _____
Other _____