

CUSTOMER DATA ENTRY FORM

Office Use Only: Date _____ Tax Year _____ New/ Amend Tax Preparer _____ Data Entry Completed By _____ Access Drake

Date:		Previous Client <input type="checkbox"/> First-Time Client <input type="checkbox"/>			Referred By:		
TAX PAYER (Enter name as it appears on Social Security Card)							
Last Name:		First Name:		Middle Intl:	Filing Status Single <input type="checkbox"/> Qualifying Widower <input type="checkbox"/> Married Filing Jointly <input type="checkbox"/> Married Filing Separately <input type="checkbox"/> Head of Household <input type="checkbox"/>		
Social Security Number:							
Date of Birth:	Occupation:		Work Number ()	Phone Carrier	Cell Phone Number ()	Email Address:	
Physical Street Address:					Apt Number:	County:	
City:			State:			ZIP Code:	
Are you a Dependent of another? <input type="checkbox"/> Yes <input type="checkbox"/> No		Do you have Healthcare? Health Market Place 1095-A <input type="checkbox"/> Yes <input type="checkbox"/> No		Part-Time Student? <input type="checkbox"/> Yes <input type="checkbox"/> No	Blind? <input type="checkbox"/> Yes <input type="checkbox"/> No	Active- Duty Military? <input type="checkbox"/> Yes <input type="checkbox"/> No	
SPOUSE (Enter name as it appears on Social Security Card)							
Last Name		First Name		Middle Intl	Filing Status Single <input type="checkbox"/> Qualifying Widower <input type="checkbox"/> Married Filing Jointly <input type="checkbox"/> Married Filing Separately <input type="checkbox"/> Head of Household <input type="checkbox"/>		
Social Security Number							
Date of Birth	Occupation		Daytime Number ()	Evening Number ()	Cell Phone Number ()	Email Address	
Physical Street Address					Apt Number	County	
City			State			ZIP Code	
Are you a Dependent of another? <input type="checkbox"/> Yes <input type="checkbox"/> No		Would you like to Donate \$3 to the Presidential Election Campaign? <input type="checkbox"/> Yes <input type="checkbox"/> No		Full-Time Student? <input type="checkbox"/> Yes <input type="checkbox"/> No	Blind? <input type="checkbox"/> Yes <input type="checkbox"/> No	Active- Duty Military? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Dependent	First Name	Last Name (if different)	Suffix	Social Security No.	Relationship	Months in Home	Date of Birth
1.							
2.							
3.							
Qualifying Child Care Expenses Paid				Education Expenses Paid			
Please answer the following questions to the best of your knowledge (applicable to the tax year you are filing)							
Do you own a home? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you pay any Childcare Expenses? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you have any children in College? <input type="checkbox"/> Yes <input type="checkbox"/> No							
Do you owe any Delinquent: Child Support? <input type="checkbox"/> Yes <input type="checkbox"/> No Alimony? <input type="checkbox"/> Yes <input type="checkbox"/> No Student Loans? <input type="checkbox"/> Yes <input type="checkbox"/> No Back Taxes? <input type="checkbox"/> Yes <input type="checkbox"/> No							
Please check if you are interested in any other services we offer: Insurance <input type="checkbox"/> Legal Services <input type="checkbox"/> Neat Receipts <input type="checkbox"/>							
Refund Preference Direct Deposit <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Paper Check <input type="checkbox"/> Bank Name				Account Number:			
				Routing Number:			

Signature _____

Date _____

Spouse Signature _____

Date _____