



Customer Data Form

PRIMARY

Name: _____ Social Security #: _____ - _____ - _____
 Occupation: _____ Birth Date: _____
 DL/ID/Passport#: _____ Issue Date: _____ Expiration Date: _____

SPOUSE

Name: _____ Social Security #: _____ - _____ - _____
 Occupation: _____ Birth Date: _____
 DL/ID/Passport#: _____ Issue Date: _____ Expiration Date: _____

Address: _____ City, State, Zip: _____
 Cell Phone: _____ Email: _____

BANK INFO

Bank Name: _____ Routing #: _____ Account #: _____

Filing Status: ___ Single ___ Married (single) ___ Married (joint) ___ Head of Household
Health Insurance: ___ Yes ___ No State of Residency: _____

Do you have marketplace insurance(Form 1095-A required) Y or N

Did you receive unemployment this year? Y or N

Did you receive the first stimulus check? Y or N

Dependents Name (First, Middle I, Last Name)	DOB mm/dd/yyyy	Dependent's Social Security #	Relationship	Months Lived in Your Home

Can you be claimed as a dependent on someone else's return? Y or N

I affirm that the information provided on thos Customer Data Sheet and any information provided verbally to the tax preparer is to the best of my knowledge and believe is true, accurate, and complete.

Signature: _____ Date: _____

Signature: _____ Date: _____