



CLIENT INFORMATION SHEET

MARTIAL STATUS: **SINGLE** **MARRIED** **MARRIED SEPERATED**

New clients, how did you hear about us?	Who referred you?
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TAXPAYER INFORMATION	SPOUSE INFORMATION
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Name <i>(First, Initial, Last Name)</i>	Name <i>(First, Initial, Last Name)</i>
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SSN	Date of Birth	SSN	Date of Birth
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Driver License/State ID #	State	ISS Date	Exp Date	Driver License/State ID#	State	ISS Date	Exp Date
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Occupation	Occupation
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Cell Phone <div style="text-align: right; font-size: small;">Receive Texts? <input type="checkbox"/> Yes <input type="checkbox"/> No</div>	Cell Phone <div style="text-align: right; font-size: small;">Receive Texts? <input type="checkbox"/> Yes <input type="checkbox"/> No</div>
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E-Mail Address	E-Mail Address
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Mailing Address *(street, apt #, city, state, zip)*

DO ANY OF THE FOLLOWING CIRCUMSTANCES/INCOME/EXPENSES APPLY? (check all that apply)

- | | | |
|--|--|--|
| <input type="checkbox"/> Being claimed as a dependent ? | <input type="checkbox"/> Dividends | <input type="checkbox"/> Medical Expenses |
| <input type="checkbox"/> Are you or your spouse disabled ? | <input type="checkbox"/> 1099-K <i>(Personal or Business)</i> | <input type="checkbox"/> Student Loan Interest |
| <input type="checkbox"/> Moved during the year? | <input type="checkbox"/> Interest Income | <input type="checkbox"/> Mortgage Interest |
| <input type="checkbox"/> LIVED OR WORKED in the city ? | <input type="checkbox"/> Sale of Stocks | <input type="checkbox"/> Sale of Real Estate |
| <input type="checkbox"/> Wages - W2's _____ | <input type="checkbox"/> Child Care Expenses | <input type="checkbox"/> Charitable Donations \$ _____ |
| <input type="checkbox"/> Unemployment | <input type="checkbox"/> Child Support \$ _____ | <input type="checkbox"/> Energy Efficient Purchases |
| <input type="checkbox"/> Social Security Benefits | <input type="checkbox"/> FIP/FIA/DHS Cash Benefits \$ _____ | <input type="checkbox"/> Out of State Purchases |
| <input type="checkbox"/> Self-Employment <i>(Complete SE Form)</i> | <input type="checkbox"/> Worker's Compensation \$ _____ | <input type="checkbox"/> Sale of Virtual Currency |
| <input type="checkbox"/> Pension & Annuities | <input type="checkbox"/> VA Benefits \$ _____ | <input type="checkbox"/> Estimated Payments |
| <input type="checkbox"/> College Tuition | <input type="checkbox"/> Gambling Winnings | <input type="checkbox"/> Foreign Income |
| | <input type="checkbox"/> Injured Spouse, if so which spouse owes the debt? _____ | |

DEPENDENT INFORMATION

First Name, Initial, Last Name	Dependent's SSN	Relationship	# of months in home	Date of Birth	Disabled ✓	College Student ✓
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>

(Over)

RENT INFORMATION (January 1st thru December 31st)

On Lease? Yes No Number of months you paid Rent _____ Monthly Rent you paid \$ _____

Street Address (Street, City, ST, Zip)

Landlord Name (Street, City, ST, Zip)

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HEAT CREDIT INFORMATION

Heat included in Rent or anothers name? Yes No

Heat Provider? BWL Consumers Other _____
Type of heat? Electric Gas Other _____

PROPERTY TAX/HOME OWNERS

Own a home you pay property taxes for? Yes No Did you provide physical copies of your property taxes? Yes No

IF NO, what township did you live in so we can access them online?

This home your primary residence? Yes No _____

PAYMENT OPTIONS

Cash Check Credit Card Deduct from Refund (Additional Fees Apply)

REFUND OPTIONS

Standard Mail Direct Deposit Refund Advance Card Check Direct Deposit

Routing # _____

Account # _____

Bank Name _____

Checking Savings

By completing this form, you certify that you would like your taxes prepared according to the information provided above. All bank products are subject to Bank fees and approval by the bank. X-TAX cannot promise or guarantee refund advances as they are subject to Bank underwriting approvals. X-Tax is only a facilitator.

Signature: _____

Date: _____

COMMENTS/NOTES



REFER-A-FRIEND

You receive \$25 **CASH** for referring a **NEW CUSTOMER** to X-TAX!

Your friend will receive a \$25 **DISCOUNT** off our tax fees!