

Date: _____

Client Status: New - Old
CUSTOMER INFORMATION SHEET

Time: _____

Taxpayer: _____
Name (exactly as written on Social Security Card)

SSN _____

Date of Birth _____

Occupation of Job Title _____

Spouse: _____
Name (exactly as written on Social Security Card)

SSN _____

Date of Birth _____

Occupation of Job Title _____

Address: _____
Mailing or Street Address

Apt. Number _____

City _____

State _____

Zip Code _____

Phone (Home) _____

Work (Home) _____

Dependent Information: (The IRS will deny your dependent deduction if any of the information you provide is incorrect.)

Name (Exactly as on Social Security Card)	Date of Birth	Social Security #	Relationship To you	No. of months at home in 2010
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____

During the year, did you have income from?

- Wages Y / N
- Interest Y / N
- Dividends Y / N
- Pension/IRA/Annuity Y / N
- Self-Employment Y / N
- Babysitting/Daycare Y / N
- Tips Y / N
- Partnership/ S-Corp-Trust/Estate Y / N
- Lotto/Gambling Winnings Y / N
- Alimony Y / N
- Social Security Y / N (\$250 or \$500 Credit)
- Rental Property Y / N
- Sale of Stock or other property Y / N
- Unemployment Y / N Any other income? Y / N (Describe)
- Any other income? Y / N (Describe)

EIC Qualification Questions

- Are you married? Y / N
- If married, did you live with your spouse during the last half of the year? Y / N
- Do you share your home with another person who earns more than you do? Y / N
- Do you, your spouse and your children **all** have valid Social Security Numbers? Y / N
- Are you covered by a pension plan at work? Y / N
- Do you have any non-taxable income such as employment benefits? Y / N
- Do you have any investment income? Y / N
- Have you ever been denied Earned Income Credit by IRS? Y / N
- Did your son / daughter / grandchild live with you for more than six months during the year? Y / N
- Did any other children live with you for the entire year? Y / N
- Did you support a disabled person for the entire year? Y / N
- Are you the dependent of another person? Y / N
- Are any of your dependents married? Y / N
- Did you live in the U.S. for more than 6 months during the year? Y / N

Credits (circle)

1. Home improvements: windows, insulation, solar, siding, appliances, water heater, air conditioner.
2. Car purchases: electric, solar, hybrid.
3. Education credit: includes books, computer, supplies.
4. Open 529 plan
5. Political contribution

- Did you contribute to your IRA? Y / N
- During the year, did you move more than 50 miles? Y / N
- Did you donate money or property to charity? Y / N
- Did you spend a large amount on medical expenses? Y / N
- Do you own or are buying your own home? Y / N
- Did you have unreimbursed expenses as an educator? Y / N If so, list expenses _____
- Did you pay educational expenses or interest on a student loan? Y / N If so, how much? _____
- Do you or your spouse wish to designate \$3 to the presidential election campaign fund? Y / N
- Did your employer pay any of your moving expenses? Y / N If so, what was the amount of the reimbursement? _____
- Did you pay property taxes during the year? Y / N
- Did you have expenses from your employer that were unreimbursed? Y / N
- Did you pay for your own health insurance? Y / N
- Did you work in any states other than Oregon? Y / N If so, which states? _____
Date of New Residency? _____ State refund or amount due (if itemized) _____
- * Did you refinance your home? Y / N

Child Care Information: (Provide the following information for **all** child care providers you used during the year.)

Name: _____	Address: _____
SSN or EIN V _____	Amount you paid _____
Name: _____	Address: _____
SSN or EIN _____	Amount you paid _____