Data Entry Form

TAXPAYER		SPOUSE	
Name		Name	
Address		Address	
City/State/Zip		City/State/Zip	
E-Mail		E-Mail	
Phone		Phone	
Date of Birth		Date of Birth	
Social Security #		Social Security #	
Occupation		Occupation	

Filing Status: ☐ Single ☐ Head of Household ☐ Married Filing Joint ☐ Married Filing Separate

Are you a dependent of another? ☐ Yes ☐ No

Dependent Name	SSN	Date of Birth	Months in Home	Relationship

At any time in the tax year, did you receive, sell, send, exchange or acquire any financial interest in any virtual currency?

☐ Yes ☐ No

At any time during the tax year, did the taxpayer have a financial interest in or signature authority over a financial account (such as a bank account, securities account, or a brokerage account) located in a foreign country?

☐ Yes ☐ No

In the past 12 months, please mark yes for any of these that are true:	**Yes**	**No**
1. Did you have childcare costs for the year?	☐	☐
2. Collected social security/retirement income? Or made any early withdrawals?	☐	☐
3. Did you collect unemployment?	☐	☐
4. Have you paid student loan interest?	☐	☐
5. Do you have health insurance through healthcare.gov?	☐	☐
6. Did you work any overtime?	☐	☐
7. Were you paid any tips?	☐	☐

If you receive a refund, would you want it directly deposited into your bank account? ☐ **Yes** ☐ **No**

Account Number: Routing Number: ☐ Savings

Driver's License/State ID # Issue Date Exp. Date

State

Under penalty of perjury I agree that the above information is true to the best of my knowledge and is for the sole use of my tax return preparation.

Taxpayer: _____

Spouse: _____

Date: