



CLIENT (DROP OFF) DATA SHEET

DID YOU FILE WITH JACKSON HEWITT LAST YEAR? YES OR NO IF NO, WHO DID YOU FILE YOUR RETURN WITH? _____

Name: _____ Spouse Name: _____

Occupation: _____ Occupation: _____

Social Security Number: _____ Social Security Number: _____

Date of Birth: _____ Date of Birth: _____

Address: _____ Months lived at current address: _____

City, State, & Zip: _____

Phone Number: _____ Cell: Yes or No Phone Number: _____ Cell: Yes or No

Email: _____ Spouse Email: _____

Married Single Divorced Separated Widow Widower (please circle one) Year Divorced or Separated: _____

Do you rent or own? _____ If Own, Amount of Property Tax: _____

Monthly Rent or Mortgage Interest Payment: _____

Is your heat included in your rent? Yes or No If NO, what is your monthly Heat bill: _____

Did you claim a First-Time Homebuyer Credit in 2008? Yes or No If yes, do you still live in the house? Yes or No

Do you itemize? Yes or No (if yes, please ask your Tax Pro for a separate Itemized Deduction worksheet.)

If you have more than four (4) dependents, please use a separate sheet of paper and attach to this form.

Dependent Name (First Name, Middle, Last)	Social Security Number	Year of Birth	Relationship to you	Months lived with you last year	Disabled Dependent(Y/N)	Full-time student at an accredited higher education institution (Y/N)	Did you provide more than ½ of dependents support (Y/N)

Can anyone else claim the dependent?

Dependent 1: Yes or No if yes, who & Relationship: _____

Dependent 2: Yes or No if yes, who & Relationship: _____

Dependent 3: Yes or No if yes, who & Relationship: _____

Dependent 4: Yes or No if yes, who & Relationship: _____

Did you adopt a child last year? YES or NO if yes, how much did you pay in adoption expenses? _____

PLEASE TURN OVER



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Daycare Provider Information (NOTE: This information is required for each provider. If need to, please use separate sheet).

Provider Name: _____ Provider Address: _____ Providers SSN/EIN: _____

Dependent Name: _____ Amount Paid: _____

SOURCES(S) OF INCOME (Please Check Box next to the items you have):

Are you self-employed: Yes or No (If yes, Please ask for a Schedule C Data Sheet)

W-2 (Wages)	1098 B (Sale of Stock, etc.)	Combat Pay
W-2 G (Lottery and Gambling) {first \$300 can be excluded for MI total Household resources}	Inheritance (other than from a spouse) {MI total household re- sources}	Alimony Received \$ _____ Person receiving from Social Security Number : _____
Farm Income	SSA-1099 (Social Security)	Other Income
1099 Miscellaneous	Rental Income Amount: _____	K1 (Partnerships/Corporate)
1099 Interest Income	Tips (not reported on W2) Amount: _____	Child Support received {MI total household resources} \$ _____
1099 Dividend	Estate/Trust	State Refund from Last Year
1099 C (Cancellation of Debt)	Municipal Bonds (may be tax- able by MI)	Workers Compensation {MI total household resources}
1099 G (Unemployment)	Installment Sale	
1099 K (Merchant Card Payment)	Bought or Sold Personal residence	
1099 R (Pension and Annuity)		

NEW THIS YEAR

Did you have health insurance in 2014?: _____ How were you covered?: Employer/Marketplace /Medicaid/Medicare

Was there coverage for your whole tax family? _____ Did you have coverage for the whole year? _____

Did you receive any of the following (must be added in for MI total household resources)?

FIP, DHS, State Disability Insurance, or state family assistance \$ _____

Proceeds from life insurance policy paid on death of the insured (except spouse) \$ _____

Did you receive more than \$300 in gifts of cash, merchandise, or expenses paid on your behalf? \$ _____

Are you a minister and receives housing allowance from your church? \$ _____

Amounts received by taxpayer for minor children or dependent adults who live with you (includes Social Security & SSI) \$ _____

Adjustments to Income

IRA \$ _____ Keogh \$ _____ DEP \$ _____ SIMPLE \$ _____ ROTH \$ _____
Student Loan Interest \$ _____
Post-Secondary Tuition and Fees: \$ _____ How many years have you attended college? _____
Household Moving Expenses \$ _____ Lodging expenses during move \$ _____ Miles _____
Alimony Paid: \$ _____ Paid to: _____ Social Security Number: _____
Payment Estimated Federal Taxes: \$ _____
Payment for Estimated State Taxes: \$ _____ What State: _____

I/We were informed that we are required to have a valid State ID/Driver's license to pick up a refund check.

I/We certify that the information on this and any other forms submitted is complete and correct.

Client Signature _____ Date _____

Spouse Signature _____ Date _____