

MYUSTAX.COM
CUSTOMER DATA SHEET

PLEASE PRINT YOUR INFORMATION (PRIMARY) AND YOUR		SPOUSE INFORMATION	
First Name:		First Name:	
Last Name		Last Name	
SSN:	Date of birth:	SSN:	Date of birth:
Occupation:		Occupation:	
Address:		City:	State: ZIP:
Phone:		Email:	

Dependent Information

Dependent's First & Last Name	SSN	Date of Birth	# of months lived with you	Relationship

Sources Of Income (Please check all that applies)

<input type="checkbox"/> # of W2 s _____	<input type="checkbox"/> Dividend/Sale of Stock (1099-Div/1099-B)	<input type="checkbox"/> Tip Income
<input type="checkbox"/> Interest Income (1099-INT)	<input type="checkbox"/> 1099 Alimony Received	<input type="checkbox"/> FIA Income (MI Residents)
<input type="checkbox"/> Unemployment (1099-G)	<input type="checkbox"/> Lottery or Gambling	<input type="checkbox"/> Any other 1099's
<input type="checkbox"/> Pension Income/Retirement (1099-R)	<input type="checkbox"/> Social Security Benefits (SSA-1099)	<input type="checkbox"/> Buy/Sell Home:(1099-S)
<input type="checkbox"/> Self-Employment Business Income	<input type="checkbox"/> Commissions	<input type="checkbox"/> Charitable Contributions

GENERAL INFORMATION

DID YOU MAKE AN IRA CONTRIBUTION?: YES NO IF YES: ROTH: TRADITIONAL:

ANY STUDENT LOAN INTEREST? : YES NO DID U PAY ALIMONY? NO YES RECIPIENT'S SSN: _____

DID U BUY/SELL YOUR HOME? YES NO DID YOU SELL ANY STOCKS, BONDS..... YES NO

BANK INFORMATION

BANK NAME :	ACCOUNT TYPE: CHECKING OR SAVING :
ROUTING NUMBER:	ACCOUNT NUMBER:

Child Care – Provider Information

Provider Name:	SSN or EIN:
Address:	City state zip
Amount Paid to Provider:	Child Name:

Multi-State Information

Name of the State	Time Period Stayed		City, State, Zip code	County Code if known
	From mm/yyyy	To mm/yyyy		