

CUSTOMER INFORMATION SHEET

Taxpayer: _____
Name (*Exactly* as written on Social Security Card) _____ SSN _____ Date of Birth _____ Occupation or Job Title _____

Spouse: _____
Name (*Exactly* as written on Social Security Card) _____ SSN _____ Date of Birth _____ Occupation or Job Title _____

Address: _____
Mailing or Street Address _____ Apt. Number _____ City _____ State _____ Zip Code _____

Phone (Home) _____ (Work) / (Cell) _____ (email) _____

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

Name (<i>Exactly as</i> on Social Security Card)	Date of Birth	Social Security #	Relationship to you	No. of Mo. at hm in 2009
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____

Are any of your dependents considered disabled? Y / N

During the year 2009, 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 * Unemployment Y / N * Partnership / S-Corp / Trust / Estate Y / N
Lotto / Gambling Winnings Y / N * Alimony Y / N * Social Security Y / N * Rental Property Y / N
Sale of Stock or other property Y / N if yes, number of transactions _____
Any other income? Y / N (Describe) _____

Filing Status/EITC Qualification Questions

N/A _____

* Are you married? Y / N * Are you registered domestic partners? Y / N
* If married, did you live with your spouse during the last half of 2009? Y / N
* Have you ever been denied The Earned Income Tax Credit by IRS? Y / N * If yes, when? _____
* Do you have any investment income? Y / N
* Did your son / daughter / grandchild live with you for more than six months during 2009? 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 2009? Y / N

Personal Expenses you may be able to deduct

Did you pay alimony? Y/N * If yes, amount paid _____
Did you contribute to your IRA? Y / N * If yes, amount contributed _____ Roth/Traditional?
Did you have unreimbursed expenses as an educator Y / N * If yes, list amount _____
During the year, **did you move** more than 50 miles? Y / N * If so, list expenses _____
Did your employer pay any of your moving expenses? Y / N * If so, what was the amount of reimbursement?
Did you pay **educational expenses** or interest on a **student loan**? Y / N * If so, how much? _____
Do you own or are you buying your own home? Y / N * Is this the first home you have bought in last three years? Y / N
Did you pay property taxes during the year? Y / N * Did you donate money or property to charity? Y / N
State Refund or amount due (If Itemized) _____ * Did you spend a large amount on medical expenses? Y / N
Did you work in any states other than Oregon? Y / N * If so, list states and dates worked _____
Did you contribute any money to a political candidate or issue? Y / N amount _____
Did you purchase any energy efficient appliances or fuel (Wood products?) Y / N item _____ amount _____
Did you pay for your own health insurance Y / N * Long term care Insurance Y/N * If yes, amount _____
Do you or your spouse wish to designate \$3 to the presidential election campaign fund? Y/N

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

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