

# BOVITZ CPA, P.C.

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DATE

## TAX DATA SHEET

FULL NAME <small>(Both, If Joint Return)</small>					E-MAIL			
ADDRESS				CITY		STATE	ZIP	
SCHOOL DISTRICT				COUNTY		HOME PHONE #		
M	OFFICE PHONE #	SOCIAL SECURITY #	DATE OF BIRTH	OCCUPATION	Driver License / ID # Issue Date: _____ Exp. Date: _____			
F	OFFICE PHONE #	SOCIAL SECURITY #	DATE OF BIRTH	OCCUPATION	Driver License / ID # Issue Date: _____ Exp. Date: _____			
Marital Status (on 12/31): <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married <small>(Filing Separately)</small> <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced								
DEPENDENTS (Not Husband or Wife):								
FIRST	FULL NAME LAST		LIVE IN YOUR HOME?	SOCIAL SECURITY NUMBER	DATE OF BIRTH	RELATION- SHIP	STUDENT? Y / N	INCOME (DETAILS)

- YES    NO    PLEASE CHECK YES OR NO (if yes, submit details)
- Any interest or dividend income? Provide all 1099s.
  - Any unemployment income? Provide 1099 Gs.
  - Any sale of stock and/or real estate? Provide all 1099s including purchase/sale date and cost basis information.
  - Any social security received? Provide SSA1099s.
  - Any other income (inheritance, workers comp., life insurance, gambling), Provide Details
  - Any pension income or distributions from retirement plans? Provide 1099 Rs.
  - Did you pay health insurance premiums? Total Paid \_\_\_\_\_
  - Did you pay child care (babysitting)? Provide ID# and amount, per payee.
  - Did you pay alimony? Provide name and social security number. Total Paid \_\_\_\_\_
  - Did you contribute to an IRA for this year? (M) ROTH \_\_\_\_\_ Traditional \_\_\_\_\_ (F) ROTH \_\_\_\_\_ Traditional \_\_\_\_\_
  - Did you pay college education costs for yourself or your dependents? Provide 1098T, 1099Q and Expenses.
  - Did you pay property taxes? Provide tax bills and taxable value.
  - Did you pay quarterly estimated taxes? Provide dates and amounts.
  - Are you disabled? Describe \_\_\_\_\_
  - Do you have Signature Authority on Foreign Investments? If yes, provide details.
  - Marketplace health insurance for your family? Provide coverage information \_\_\_\_\_

Date: \_\_\_\_\_

X

THIS FORM MUST BE SIGNED AND DATED