

# DATA FOCUS TAX – CLIENT DATA SHEET

Verified By: \_\_\_\_\_

**Client Info:** Check here if information is the same as last filed at Data Focus Tax

State of Residence: \_\_\_\_\_ Full Year: Yes / No If not, what other state did you reside? \_\_\_\_\_

\*When did you move? \_\_\_\_\_

Filing Status (circle one): Single Married Filing Joint Married Filing Separate Head of Household Qualifying Widow(er)

Name of Tax Payer: \_\_\_\_\_ Spouse Name: \_\_\_\_\_

SSN: \_\_\_\_\_ Spouse SSN: \_\_\_\_\_

Occupation: \_\_\_\_\_ Spouse Occupation: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Spouse Date of Birth: \_\_\_\_\_

Can you be claimed as a dependent on someone else's tax returns? Yes / No

**Contact Info:** Check here if information is the same as last filed at Data Focus Tax

Mailing Address: \_\_\_\_\_ Apt: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Physical Address (if different): \_\_\_\_\_ Apt: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Spouse Phone: \_\_\_\_\_

Email address: \_\_\_\_\_ Spouse Email Address: \_\_\_\_\_

**Taxpayer ID Info: Complete the following information:**

**\*\*THE IRS MUST HAVE UPDATED DRIVER'S LICENSE INFORMATION FOR ID VERIFICATION PURPOSES.**

Taxpayer Driver's License #: \_\_\_\_\_ Spouse Driver's License #: \_\_\_\_\_

State: \_\_\_\_\_ State: \_\_\_\_\_

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

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

**Banking Info:** Check here if information is the same as last filed at Data Focus Tax

Name of Bank: \_\_\_\_\_

Routing #: \_\_\_\_\_

Account #: \_\_\_\_\_

Type of Account (circle one): Checking or Savings

**Dependent Info:** Check here if information is the same as last filed at Data Focus Tax

Name: \_\_\_\_\_ Name: \_\_\_\_\_

DOB: \_\_\_\_\_ DOB: \_\_\_\_\_

SSN: \_\_\_\_\_ SSN: \_\_\_\_\_

Relationship to Taxpayer: \_\_\_\_\_ Relationship to Taxpayer: \_\_\_\_\_

Months lived with you in 2020? \_\_\_\_\_ Months lived with you in 2020? \_\_\_\_\_

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Name: \_\_\_\_\_

Name: \_\_\_\_\_

DOB: \_\_\_\_\_

DOB: \_\_\_\_\_

SSN: \_\_\_\_\_

SSN: \_\_\_\_\_

Relationship to Taxpayer: \_\_\_\_\_

Relationship to Taxpayer: \_\_\_\_\_

Months lived with you in 2020? \_\_\_\_\_

Months lived with you in 2020? \_\_\_\_\_

## Tax Credit Questions: Please circle the appropriate answer

1. Did you pay alimony or spousal support? Yes or No  
\*Date of Agreement: \_\_\_\_\_ \*Amount Paid: \_\_\_\_\_
2. Did you receive alimony? Yes or No  
\*Date of Agreement: \_\_\_\_\_ \*Amount Paid: \_\_\_\_\_
3. Did you send your children to a child care provider? Yes or No  
Name of Provider: \_\_\_\_\_  
Address: \_\_\_\_\_  
Federal Tax ID or Social Security #: \_\_\_\_\_
4. Did you pay interest on a student loan? Yes or No
5. Did you/spouse/dependent attend college? Yes or No (Please include Form 1098T from school)
6. Did you contribute to a retirement plan in 2021? Yes or No.  
\*If yes, amount contributed: \_\_\_\_\_ \*what type of plan \_\_\_\_\_
7. Are you self-employed? Yes or No
8. Did you or your spouse receive any PPP funds in 2021?  
\*If so, how much? \_\_\_\_\_
9. Did you and your household receive any Stimulus monies in 2021?  
\*If so, how much? 1<sup>st</sup> \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_
10. Has your spouse passed away within the last year? Yes or No  
\*If so, date of death \_\_\_\_\_
11. Did you/spouse receive any Disaster Relief Funds (ex: HAF-that could have covered mortgage payments) in 2021? If so, how much? \_\_\_\_\_
12. Did you and/or spouse receive the Advance Child Tax Credit Payments starting in July 2021? If so, how much each month or did you receive the Letter 6419 from the IRS showing how much received?  
\_\_\_\_\_