

Lisa Hill Tax Accounting

TAXPAYER INFORMATION

Date _____

Taxpayer Name	Spouse Name
Taxpayer SS#	Spouse SS#
Taxpayer Date of Birth	Spouse Date of Birth
Taxpayer Occupation	Spouse Occupation
Taxpayer Address	Spouse Address
Taxpayer Phone	Spouse Phone
Taxpayer Email	Spouse Email
Taxpayer Filing Status	Spouse Filing Status

Dependents Name	Dependents Name
Dep Date of Birth	Dep Date of Birth
Dependents SS#	Dependents SS#
Months Lived in Home	Months Lived in Home
Dependents Name	Dependents Name
Dep Date of Birth	Dep Date of Birth
Dependents SS#	Dependents SS#
Months Lived in Home	Months Lived in Home

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|---|-----|----|
| Did you and your dependents have medical insurance? | Yes | No |
| Were you and your spouse AZ residents all year? | Yes | No |
| Did you and your spouse live together all year? | Yes | No |
| Were you or your dependents students? | Yes | No |
| Would you like a digital copy of your tax return? | Yes | No |

Email Address: _____

Included with this return: (check all that apply; provide documents)

<input type="checkbox"/> W2	<input type="checkbox"/> Buy or sell home	<input type="checkbox"/> Student loan interest paid
<input type="checkbox"/> 1099	<input type="checkbox"/> Own rental property	<input type="checkbox"/> Homebuyer credit in 2008
<input type="checkbox"/> Interest income	<input type="checkbox"/> Sell business asset	<input type="checkbox"/> Child care expenses
<input type="checkbox"/> Dividend income	<input type="checkbox"/> Farm income	<input type="checkbox"/> Medical expenses
<input type="checkbox"/> Sale of stock income	<input type="checkbox"/> Lottery/Gambling income	<input type="checkbox"/> Mortgage interest paid
<input type="checkbox"/> Pension or retirement income	<input type="checkbox"/> Cancellation of debt income	<input type="checkbox"/> Real estate tax paid
<input type="checkbox"/> Contribution to IRA	<input type="checkbox"/> Moving expenses (Military Only)	<input type="checkbox"/> Charitable contributions
<input type="checkbox"/> Unemployment income	<input type="checkbox"/> Business Income	<input type="checkbox"/> Business expenses
<input type="checkbox"/> Social security income	<input type="checkbox"/> Education expenses	<input type="checkbox"/> Copy of last year return
<input type="checkbox"/> Alimony income	<input type="checkbox"/> Proof of healthcare	<input type="checkbox"/>
<input type="checkbox"/> Alimony paid	<input type="checkbox"/>	<input type="checkbox"/>

For new clients: How did you hear about us? _____

For electronic filing and direct deposit or direct debit of refund or amount due:

Bank Name	Routing #	Account #
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