

S W I F T

TAX SOLUTIONS TC & ASSOCIATES

- FREE ESTIMATES
- RAPID REFUNDS
- MAXIMIZE YOUR REFUND
- DIRECT DEPOSIT
- CERTIFIED TAX PREPARERS
- NO UP FRONT CASH REQUIRED

Ask About Our Referral!

Client Data Information Sheet

CLIENT INFORMATION			
Name	Social:	DOB	
Spouse:	Social:	DOB	
Address:		City/State/Zip:	
Home Phone	Best Contact Number:		

FILING STATUS- *NOTE (IF FILING HEAD OF HOUSEHOLD, YOU MUST HAVE BEEN SEPERATED FOR AT LEAST SIX (6) MONTHS
Single <input type="checkbox"/> Head of Household <input type="checkbox"/> Married-Filing Joint <input type="checkbox"/> Married-Filing Separate <input type="checkbox"/> Qualified Widow (ER) <input type="checkbox"/>

ANSWER THE FOLLOWING TO THE BEST OF YOUR KNOWLEDGE		
	Yes	No
Do you own a home?	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay any child care expenses last year?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have any children in college?	<input type="checkbox"/>	<input type="checkbox"/>
Are you self employed?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have any delinquencies?	<input type="checkbox"/>	<input type="checkbox"/>
Child Support? () Yes No () Alimony? () Yes No () Student Loans? () Yes () No Back Taxes? () Yes () No		

DEPENDENTS- IF CLAIMING A FOSTER CHILD FOR EIC, SHE MUST BE A BROTHER, SISTER, STEPBROTHER OR STEPSISTER OF THE TAX PAYER (OR A DECENDENT OF ANY SUCH RELATIVE) OR IS PLACED WITH THE TAXPAYER BY AN AUTHORIZED PLACEMENT AGENCY.

NAME	SOCIAL SECURITY	DATE OF BIRTH	RELATIONSHIP