



**CUSTOMER DATA SHEET - TAX YEAR 2016**  
**ALL Lines MUST BE FILLED IN – IF THEY DO NOT PERTAIN MARK N/A**

Drop Off Date & Time: \_\_\_\_\_ Promised Date & Time: \_\_\_\_\_  
(If this is a drop off see the last sheet of this document for additional information to ask for.)

Name: \_\_\_\_\_ Spouse Name: \_\_\_\_\_  
 Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
 Birth Date: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
 Occupation: \_\_\_\_\_ Occupation: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone (CELL): \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone (DAY): \_\_\_\_\_  
 Phone (EVE): \_\_\_\_\_

Email Address: \_\_\_\_\_

Is Spouse last name same as last name on their Social Security Card? If no, Spouse Last Name: \_\_\_\_\_

If someone else can claim you as a dependent, check here. \_\_\_\_\_

**Filing Status:** Are you married? Yes / No If yes, do you wish to file Jointly? Yes / No\*  
 \*Married Filing Separately (enter spouse name and ss # above)

Did you live with your spouse at any time from July 1, 2016 thru Dec. 31, 2016 ? Yes / No

If you were unmarried on the last day of the year; did you pay over half the cost of keeping up your home Yes / No

If yes, did someone **other than** your dependents (listed below) live in the home? Yes / No

If so, please print their name(s) \_\_\_\_\_

What is the person's relationship to you \_\_\_\_\_ ?

Are you a Widow/Widower? Deceased Spouse Name \_\_\_\_\_ (Date of death \_\_\_\_/\_\_\_\_/\_\_\_\_)

**Dependents**

| <b>DEPENDENTS<br/>(First and last name)</b> | <b>DATE OF<br/>BIRTH</b> | <b>DEPENDENT'S SOCIAL<br/>SECURITY NUMBER</b> | <b>Relationship</b><br><small>( If they are NOT<br/>related by blood or<br/>marriage enter<br/>NONE)</small> | <b># Of months<br/>they lived in<br/>your home</b><br><small>(enter 0 if they did not<br/>live with you)</small> |
|---|--------------------------|---|--|--|
|   |                          |   |  |  |
|   |                          |   |  |  |
|   |                          |   |  |  |
|   |                          |   |  |  |
|   |                          |   |  |  |
|   |                          |   |  |  |

Are claiming a child that does not live with you? Yes ? No If Yes, the preparer must have a signed form 8332 or if divorced before 2008 the preparer can use the pages from your divorce decree that allows you to claim that child.



**CUSTOMER DATA SHEET - TAX YEAR 2016**  
**ALL Lines MUST BE FILLED IN – IF THEY DO NOT PERTAIN MARK N/A**

**Income**

Check the income item that pertains to you and indicate the number of forms you have.

- |   |   |
|---|---|
| _____ Wages (#W-2's _____)                    | _____ Social Security (taxpayer)                      |
| _____ Unemployment #of forms _____)           | _____ Social security (spouse)                        |
| _____ Interest (#of forms _____)              | _____ Lottery or Gambling Winnings (# of W2G's _____) |
| _____ Dividends (#of forms _____)             | _____ Jury Duty                                       |
| _____ Alimony                                 | _____ Rental Income (fill out Sch E data sheet)       |
| _____ Farm Income                             | _____ Self Employment (fill out Sch C data sheet)     |
| _____ IRA/Pension/Annuities (#of forms _____) | _____ Cancellation of Debt (# of 1099C _____)         |
| _____ K-1 (#of Forms _____)                   | _____ Prizes/Awards                                   |
| _____ State Refund (only if itemized last yr) | _____ Other/Type _____                                |

**Capital Gains**

Did you sell anything such as stocks, bonds or land? If you have a brokerage document that has all of the below information on it you can write "see brokerage statement". If any item does not have a basis listed you must include that information on this data sheet.

| Description | Basis | Purchase Date  | Date Sold      | Sales Price |
|-------------|-------|----------------|----------------|-------------|
| _____       | _____ | ____/____/____ | ____/____/____ | _____       |
| _____       | _____ | ____/____/____ | ____/____/____ | _____       |
| _____       | _____ | ____/____/____ | ____/____/____ | _____       |
| _____       | _____ | ____/____/____ | ____/____/____ | _____       |

**Homestead Property Tax Credit Information**

**Renters**

Did you pay rent in 2016? Yes / No

Address you rented: \_\_\_\_\_ Monthly rent:\$ \_\_\_\_\_

Landlord name: \_\_\_\_\_ Landlord Address: \_\_\_\_\_

Landlord City/State/Zip: \_\_\_\_\_ Months rented in 2016: \_\_\_\_\_

Address you rented: \_\_\_\_\_ Monthly rent:\$ \_\_\_\_\_

Landlord name: \_\_\_\_\_ Landlord Address: \_\_\_\_\_

Landlord City/State/Zip: \_\_\_\_\_ Months rented in 2016: \_\_\_\_\_

**Homeowner**

Did you pay property taxes in 2016? Yes ? No Summer Taxes\$ \_\_\_\_\_ Winter Taxes\$ \_\_\_\_\_

What is the 2016 Taxable Value \$ \_\_\_\_\_ (not the SEV or Assessed Value of your home - please do not guess or approximate)?

Did you sell your home during the year? Yes / No Sales Price\$ \_\_\_\_\_



**CUSTOMER DATA SHEET - TAX YEAR 2016**

**ALL Lines MUST BE FILLED IN – IF THEY DO NOT PERTAIN MARK N/A**

**Adjustments**

Do you have any of the following?

- Educator Expense
- IRA/Sep/Simple
- Student Loan Interest
- Tuition and Fees deduction
- Moving Expense
- Self Employed Health Insurance
- Early Withdrawal Penalty
- Alimony Paid To:
  - First and Last Name \_\_\_\_\_
  - Recipient SS# \_\_\_\_\_

**Child and Dependent Care**

Did You pay for Child or Dependent Care? Yes / No

Provider Name: \_\_\_\_\_ EIN #or SS # \_\_\_\_\_  
 Provider Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Amount paid to Provider: \$ \_\_\_\_\_

Provider Name: \_\_\_\_\_ EIN #or SS # \_\_\_\_\_  
 Provider Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Amount paid to Provider: \$ \_\_\_\_\_

**Estimated Taxes**

Did you pay (Quarterly) estimated taxes to the IRS, a state agency or local agency?

Federal Quarter 1 \$ \_\_\_\_\_ Quarter 2 \$ \_\_\_\_\_ Quarter 3 \$ \_\_\_\_\_ Quarter 4 \$ \_\_\_\_\_  
 State Quarter 1 \$ \_\_\_\_\_ Quarter 2 \$ \_\_\_\_\_ Quarter 3 \$ \_\_\_\_\_ Quarter 4 \$ \_\_\_\_\_  
 Local Quarter 1 \$ \_\_\_\_\_ Quarter 2 \$ \_\_\_\_\_ Quarter 3 \$ \_\_\_\_\_ Quarter 4 \$ \_\_\_\_\_

I/We certify that the following information is true and accurate to the best of my/our knowledge. I/We understand supplying incorrect information may cause a delay in the IRS accepting or with processing my/our return.

I/We understand that by signing this data sheet I/We have agreed to allow Jackson Hewitt Tax Service to prepare my/our tax return and if I/We change my/our mind once the tax return has been started I/We will be subject to a \$35.00 cancellation fee.

**Taxpayer Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**Spouse Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



## Drop Off Checklist for Additional Information

**Once the customer has filled out a data sheet, look at the types of income the customer has indicated they have and ask about the following.**

| Ask the customer about their:                                  | They need to complete this form or have these documents   | Mark off once collected          |
|--|---|----------------------------------|
| Mortgage interest  | Schedule A data sheet   |                                  |
| Property taxes   | Schedule A data sheet   |                                  |
| High medical expenses  | Schedule A data sheet   |                                  |
| Charitable contributions                                       | Schedule A data sheet   |                                  |
| Employee business expenses                                     | Schedule A data sheet<br>mileage log<br>purchase price of vehicle (if taking actual expenses)and list of expenses   | _____<br>_____<br>_____          |
| Self Employment income   | Schedule C data sheet (and same as above)   |                                  |
| Rental Income  | Schedule E data sheet (and same as above)   |                                  |
| Stock sales or other sales resulting in a capital gain or loss | Brokerage statements and/or information that includes:<br>date of purchase<br>purchase price (basis)(adjusted basis)<br>date of sale<br>sale price  | _____<br>_____<br>_____<br>_____ |
| 1099R's  | Did they roll any amounts over or qualify for exception to 10% penalty  |                                  |
| Other income   | What type? Is there anything to offset the income<br><b>example:</b> gambling losses against winnings?<br>Jury duty pay - but paid back to employer   |                                  |
| Pay alimony  | To who - and you need their social security #   |                                  |
| Moved During the year  | Get list of expenses<br>Were the expenses reimbursed at all?  |                                  |
| Made an IRA Contribution                                       | Ever had non deductible contributions?  |                                  |
| Any non taxable income?  | For Homestead or Rent Credit:<br>Child support<br>ADC-Do not include amounts received for food<br>Help from anyone – Parents, boyfriends/girlfriends<br>Workers Compensation<br>Sell a home not taxable to federal? |                                  |
| What refund distribution does the client want? (if a refund)   | You will need his and/or hers drivers license number and expiration dates. (both for a joint return)  |                                  |