



CUSTOMER DATA SHEET

This form is to assist you in gathering your income tax information. Please be prepared to provide any relevant Identification and Social Security cards.

R&R TAX AND BOOKKEEPING

TAXPAYER NAME: _____ SPOUSE NAME: _____
 SSN: _____ / _____ / _____ SSN: _____ / _____ / _____
 D/O/B: _____ - _____ - _____ D/O/B: _____ - _____ - _____
 OCCUPATION: _____ OCCUPATION: _____
 EMAIL ADDRESS: _____ EMAIL ADDRESS: _____
 CELL PHONE: _____ CELL PHONE: _____
 ADDRESS: _____ CITY: _____ State: _____ ZIP: _____

FILING STATUS: SINGLE MARRIED FILING JOINTLY MARRIED FILING SEPERATELY HEAD OF HOUSHOLD WIDOW

ARE YOU A NEW CLIENT? Yes No

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Refer by: _____

Would you like to sign up for one of the following?

Advancement (up to \$6000) Credit Repair Bookkeeping Business Management Payroll
(Ends on March 1st)

Can someone claim you as a dependent? Yes No

Have you received a stimilus check from the IRS? F so, How much? _____

Have you received the ACTC? (Advanced Child Tax Credits) _____

Do you have your 6419 ACTC Letter from the IRS? _____

Was everyone on the tax return covered by health insurance all year? Yes No Partially

Dependent's Name (First, Middle Initial and Last)	Birth Date (MM/DD/YY)	Social Security Number	Relationship	Months lived in home
	/ /	- -		
	/ /	- -		
	/ /	- -		
	/ /	- -		
	/ /	- -		

Child Care Information (Note this informtion is required for each provider)

Provider Name: _____ Provider's SSN | EIN: _____

Provider's Address: _____ Amount paid to Provider: _____

BANK INFORMATION:

Name of Banking Instutute: _____

Routing Number: _____ Checking/Saving Account #: _____

If, for ANY reason, after R & R Tax Services has completed your tax return, and you decide not to have R&R Tax and Bookkeeping submit your return to the IRS; **\$60.00 will be payable at the time of this transaction.**



CHECK THE INCOME ITEMS WHICH PERTAIN TO YOU (Attach Documentation)

<input type="checkbox"/> State Tax Refund	<input type="checkbox"/> Pension, Retirement Income	<input type="checkbox"/> Keogh Sep Simple Contributions \$ _____
<input type="checkbox"/> Wage Statement - W-2s	<input type="checkbox"/> IRA Distributions	<input type="checkbox"/> Installment Sale
<input type="checkbox"/> Interest \$ _____	<input type="checkbox"/> Income from Rentals	<input type="checkbox"/> Municipal Bonds
<input type="checkbox"/> Dividends	<input type="checkbox"/> Partnerships/Corporation (K-1)	<input type="checkbox"/> Tip/Other Income
<input type="checkbox"/> Mutual Fund Distributions	<input type="checkbox"/> Estate/Trusts	<input type="checkbox"/> Self-Employed Bus. Income
<input type="checkbox"/> Alimony Received \$ _____	<input type="checkbox"/> Farm Income	<input type="checkbox"/> Commissions - 1099s
<input type="checkbox"/> Unemployment	<input type="checkbox"/> BAS/BAH \$ _____	<input type="checkbox"/> Subcontractor Pay
<input type="checkbox"/> Lottery or Gambling Winnings	<input type="checkbox"/> Social Security	<input type="checkbox"/> Cash Payments
<input type="checkbox"/> Did you sell any stock, real estate, business autos or business equipment?		
<input type="checkbox"/> Did you buy or sell a personal residence?		

POSSIBLE LEGAL DEDUCTIONS

(List amounts for items you have keep receipts for your deductions)

Medical & Dental

DR. Visits	\$ _____
Operations	\$ _____
Prescription Drugs	\$ _____
Medical/Dental Insurance	\$ _____
Long-term Care Insurance	\$ _____
Hospital & Emergency	\$ _____
Lab & X-Ray	\$ _____
Nurse/In-home Care	\$ _____
Dental Visits	\$ _____
Dentures/Braces	\$ _____

Glasses, Contact Lenses & Supplies	\$ _____
Hearing Aids & Batteries	\$ _____
Orthopedic Shoes	\$ _____
Therapy Treatments	\$ _____
Canes/Crutches/Braces	\$ _____
Wheelchairs	\$ _____
Other Medical Equipment	\$ _____
Medical Miles Driven	_____
Other Medical Transportation	\$ _____

Contributions:

Church	\$ _____
Other	\$ _____
Donations	\$ _____
(goodwill, fundraisers, colleges, etc.)	

Taxes:

Real Estate Tax	\$ _____
Personal Property Tax	\$ _____
State Income Tax	\$ _____
Interest Paid	\$ _____

Casualty Losses:

Accident, Fire, Theft	\$ _____
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Natural Disasters	\$ _____
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SELF-EMPLOYED | BUSINESS EXPENSES

Business Name: _____ **EIN Number:** _____

Business Address: _____

Gross Income	\$ _____
Advertising	\$ _____
Commission Fees	\$ _____
Contract Labor	\$ _____
Insurance	\$ _____
Legal and Professional Svcs	\$ _____
Pension and Profit sharing	\$ _____
Other Expenses	\$ _____
Taxes & License	\$ _____
Sales/Entertainment	\$ _____
Office-in-Home Expense	\$ _____
Cell Phone Internet	\$ _____
Postage Post Office	\$ _____

Rent or Lease	\$ _____
Repairs Maintenance	\$ _____
Supplies	\$ _____
Travel	\$ _____
Meals	\$ _____
Utilities	\$ _____
Car & Truck expenses	\$ _____
Make & Model of Vehicle	

Gasoline	\$ _____
Miles driven for business	\$ _____
oil changes	\$ _____
Repairs of vehicle	\$ _____
Vehicle Insurance	\$ _____

Miscellaneous and Employee Business Expenses:

Uniform, Shoes Gloves, Etc.	\$ _____
Work Tools	\$ _____
Union Dues	\$ _____

Tax Return Preparation	\$ _____
Investment Expenses	\$ _____

**By Signing below, you agree that, all information given is truthful & accurate to the best of your knowledge.
R&R Tax and Bookkeeping is not liable for any documentation & figures not included in this questionnaire.**

Disclaimer:

Your return(s) has been prepared by R&R Tax based solely on the information provided by you, and you are responsible for any incomplete or inaccurate information provided therein. Once your return is accepted by the IRS, the IRS may examine your return and cause your tax refund to be delayed. R&R is unable to determine if your refund(s) will be delayed or for how long. In particular, the following items may cause the IRS to delay the issuance of all or part of your refund: Earned Income Credit, Child Tax Credit, and/or filing Form 8379 as an injured spouse. You are responsible for payment of all fees owed to your R&R Tax service preparer due at the time of service. You agree to pay all fees owed to R&R Tax and Bookkeeping within 30days of service. These fees may be collected by any lawful means. All outstanding balances are due, prior to new services being rendered.

Signature _____

Date: _____