



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, LLC

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
 WIDOW HEAD OF HOUSEHOLD

ARE YOU A NEW CLIENT? Yes No



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

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 information is required for each provider)

Provider Name: _____ Provider's SSN | EIN: _____
 Provider's Address: _____ Amount paid to Provider: _____

BANK INFORMATION:

Name of Banking Institute: _____
 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; **\$65.00 will be due and payable at the time of this service.**
Otherwise, all tax prep fees will be due and invoiced.



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 | \$ _____ |
|-----------------------|----------|

| | |
|-------------------|----------|
| Natural Disasters | \$ _____ |
|-------------------|----------|

SELF-EMPLOYED | BUSINESS EXPENSES

| | |
|-------------------------|-------------------|
| Business Name: _____ | EIN Number: _____ |
| Business Address: _____ | |

FILING STATUS: LLC S-Corp / 1120S C-Corp / 1120 990 / Non-Profit Partnership / 1065

| | |
|--------------------------------|----------|
| Income | \$ _____ |
| Advertising | \$ _____ |
| Commission Fees | \$ _____ |
| Contract Labor | \$ _____ |
| Insurance | \$ _____ |
| Legal and Professional Svcs | \$ _____ |
| Pension and Profit sharing | \$ _____ |
| Professional Licenses | \$ _____ |
| Sales/Entertainment | \$ _____ |
| Office Expenses Office Dues | \$ _____ |
| Rent or Lease | \$ _____ |
| Facility Repairs & Maintenance | \$ _____ |
| Office Equipment | \$ _____ |

| | |
|---|----------|
| Memberships & Subscriptions | \$ _____ |
| Misc Business Expenses | \$ _____ |
| Supplies | \$ _____ |
| Travel | \$ _____ |
| Meals | \$ _____ |
| Utilities | \$ _____ |
| Make & Model of Vehicle | _____ |
| Gasoline | \$ _____ |
| Miles driven for business | \$ _____ |
| Vehicle Taxes, Licenses or Registration | \$ _____ |
| Vehicle Tolls, Parking Fess, Taxi | \$ _____ |
| Vehicle Maintenance & Repairs | \$ _____ |

Did you have any COVID 2021 Tax related expenses, not reported? Yes or No

R&R Tax and Bookkeeping is **NOT** liable for any documentation & figures not included on 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 filling 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: _____