Charles Village Tax Service Inc

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(Circle One)
Returning ☐ New ☐

PERSONAL DATA FORM

Taxpayer Name: _____ Spouse Name: _____
Taxpayer SSN: _____ Spouse SSN: _____
Taxpayer DOB _____ Spouse DOB _____

Filing Status (Circle One): Single ☐ Married ☐ Married (Filing Separately) ☐ HOH ☐ Separated ☐ Widowed ☐

Home/Cell Phone _____ Spouse Home/Cell _____
Work Phone _____ Spouse Work Phone _____
Occupation _____ Spouse Occupation _____

Taxpayer E-mail:_____ Spouse E-mail:_____

Can we contact? Yes ☐ No ☐

Home Address: _____

City: _____ State: _____ Zip: _____

Do You Rent or Own? (Circle One) ☐ Rent ☐ Own
Did you live at this address for all of the Tax Year? ☐ YES ☐ NO
If No, List Previous address _____
Did you reside in another state (for any length of time) during the Tax Year? ☐ YES ☐ NO
If Yes, Please list state(s) and length of time of residence _____

Taxpayer ID or Driver License #_____ State Issue/Date _____ Exp Date _____
Spouse ID or Driver License #_____ State Issue/Date _____ Exp Date _____

Are you or your spouse legally blind? ☐ YES ☐ NO If Yes, Who? Self _____ Spouse _____
Did you or ANY of your dependents attend a college or university during the tax year? YES ☐ NO ☐
What was the amount of your last year State refund? _____
Are you or your spouse Self Employed? Yes_☐_ No_☐_ Who?_____

Did you or your spouse have any of the following? (Circle One) Unemployment Compensation ☐
Gambling Income ☐ Retirement Income ☐ Alimony ☐ Social Security Income ☐
Moving Expenses ☐ Dividend Income ☐ Interest Income ☐ Jury Pay ☐

How do you want your refund back? (Circle One) **Mail** ☐ **Mail w/ Direct Deposit** ☐
Simple E-File IRS issued check ☐ **Simple E-File W/ Direct Deposit into you bank account** ☐
Bank Products (our fees will be deducted):
(Prepaid Card/ Money Clip Visa) ☐ **(Bank Direct Deposit to your account)** ☐ **(Bank issued check in Office** ☐

Do you OWE any of the following: ☐ **IRS** ☐ **Child Support** ☐ **Student Loans** ☐ **MVA Fines**
Or any other Fines/Fees?_____

HOUSEHOLD/DEPENDENT INFORMATION: List all persons who lived) in your home whom you supported during the tax year

First	Last	SSN	Relationship	DOB

Any Childcare expenses?_____ Tuition or Fees paid?_____

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Any Childcare expenses?_____ Tuition or Fees paid?_____

DEPENDENT CARE INFORMATION:

PROVIDER NAME / PHONE#	SSN/E.I.N	AMOUNT PAID

ADDRESS	STATE	ZIP

FINANCIAL INSTITUTION:

BANK NAME	ROUTING #	ACCT# (If using direct deposit)

Was the taxpayer or spouse a member of the U.S. Armed Forces at any time during the tax year? YES ☐ NO ☐

At any time in the tax year, did the taxpayer receive, sell, send, exchange, or acquire any financial interest in any virtual currency? ☐ YES ☐ NO

Did you buy, sell, or trade stock during the tax year? ☐ YES ☐ NO
If yes, please send us your 1099-B or Form 8949.

All information provided must be accurate for correct preparation of all tax returns. Charles Village Tax Service Inc assumes no responsibilities for any audits. Charles Village Tax Service Inc can assume no responsibility of errors regarding inaccurate information provided by the taxpayer nor assume liability for penalties (IRS or Any State) or inconsistencies in tax laws.

NON-PAYMENT OF FEE WILL RESULT IN LEGAL ACTION AGAINST YOU BY CHARLES VILLAGE TAX SERVICES INC OR IT'S LEGAL REPRESENTATIVE.

I read, understand and agree to the above:

_____ _____

Taxpayer Signature / Date Spouse Signature / Date