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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

E-mail Address: 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 2019 Tax Year? YES NO

If No, List Previous address

Did you reside in another state (for any length of time) during the 2019 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 dependants attend a college or university during the 2019 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/DEPENDANT INFORMATION:** List all persons who lived) in your home whom you supported during the 2019 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? \_\_\_\_\_

**DEPENDANT CARE INFORMATION:**

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

**FINANCIAL INSTITUTION:**

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

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