



PERSONAL DATA SHEET

1/1/2022

GENERAL INFORMATION				
	TAXPAYER	SPOUSE		
First Name				
Last Name				
Soc Sec #				
Occupation				
Birth Date				
Phone: Home				
Cell				
Work				
Email				
ADDRESS INFORMATION				
Address				
City, State, Zip				
E-FILE INFORMATION				
Bank Name	Routing Number	Account Number	Chk	Sav
			<input type="checkbox"/>	<input type="checkbox"/>
DEPENDENTS				
Name	Birth Date	Social Security #	Relationship	
			Son <input type="checkbox"/>	Daughter <input type="checkbox"/>
			Son <input type="checkbox"/>	Daughter <input type="checkbox"/>
			Son <input type="checkbox"/>	Daughter <input type="checkbox"/>
			Son <input type="checkbox"/>	Daughter <input type="checkbox"/>
			Son <input type="checkbox"/>	Daughter <input type="checkbox"/>
			Son <input type="checkbox"/>	Daughter <input type="checkbox"/>
			Son <input type="checkbox"/>	Daughter <input type="checkbox"/>

CHURCH CONTRIBUTIONS \$ _____
 CHARITABLE CONTRIBUTIONS \$ _____
 NON-CASH CONTRIBUTIONS \$ _____

MEDICAL INS PREMIUMS \$ _____ TOTAL OTHER MEDICAL \$ _____

MORTGAGE INTEREST \$ _____ PROPERTY TAXES \$ _____

CHILD CARE EXPENSES

PROVIDER NAME _____ EIN# OR SOC SEC # _____

ADDRESS _____ PAID \$ _____

PROVIDER NAME _____ EIN# OR SOC SEC # _____

ADDRESS _____ PAID \$ _____

PROVIDER NAME _____ EIN# OR SOC SEC # _____

ADDRESS _____ PAID \$ _____