

TMG Sensitive Client Data Worksheet

Taxpayer				Tax ID #	
First Name	M.I.	Last Name	Email		IP PIN
Occupation		Date of birth			
Address		City		State	Zip
County		Primary phone		Secondary phone	
Driver's License No.		State	Issue Date	Exp. Date	

Spouse				Tax ID #	
First Name	M.I.	Last Name	Email		IP PIN
Occupation		Date of birth			
Address <small>(If different from Taxpayer)</small>		City		State	Zip
County		Primary phone		Secondary phone	
Driver's License No.		State	Issue Date	Exp. Date	

If you moved in the year, enter your previous address.				Date of move	
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Marital status on 12/31: Single Married Separated Surviving Spouse Registered Domestic Partnership (RDP)

Were you divorced or separated during the year? Yes No Were there any deaths in the family? Yes No

Note: Individuals in registered domestic partnerships (RDPs) and civil unions are not considered married for federal tax purposes.

Notices: Have you received any notice from the IRS or state revenue department within the past year? Yes No

Names of dependent children <i>Child's full name</i>	Tax ID #	IP PIN	Date of birth	Months lived in home	Relationship to taxpayer	College student?

Do any of the children have a disability? Yes No

Is it anticipated that a different taxpayer will seek to claim a child listed above as their dependent for the tax year? Yes No

Other dependents or people who lived with you

Name	Tax ID #	IP PIN	Date of birth	Months lived in home	Relationship	Income

Bank information: Use for Direct deposit of refund Direct debit of balance due Name of bank

Checking	Savings	Routing transit number	Account number
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Ask your tax preparer for information about depositing a refund into an IRA account or splitting the deposit into more than one account.

If you own a business - Provide the following ownership or partnership information:

Shareholders Name/Title	Tax ID # (SSN or EIN)	Address	Ownership percentage	Stockholder stock basis	U.S. citizen?
				\$	
				\$	
				\$	
				\$	

How many shareholders were there on the last day of the year?

Provide the following information for any Shareholder who was an officer or 2% or more owner of the corporation during the year

Shareholder/Officer Name	Wages paid	Health insurance premiums paid	Capital contributions from shareholder	Distributions to shareholder	Shareholder loans to corporation	Loans repaid by corp to shareholder