

WILLIAMS & ASSOCIATES

DATE:	
TIME:	

Do not write in this box
Tax Client ID#

Information 2015

Did we prepare your tax returns last year? Please circle one. Yes No

If not, who recommended Williams & Associates?

TO AVOID DELAYS ON YOUR RETURN-PLEASE MAKE SURE THE NAMES AND SOCIAL SECURITY NUMBERS ARE EXACTLY AS THEY APPEAR ON YOUR SOCIAL SECURITY CARDS

Taxpayer Information

Spouse Information

Name:	Name:
Last First MI	Last First MI

Social Security #:	Social Security #
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Occupation	Occupation:
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Date of Birth	Date of Birth:
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E-Mail Address, if applicable:

Work Phone	Work Phone
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Home Phone	Cell Phone:
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Address

City	State	Zipcode
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Marital Status as of 12/31/2014

<input type="checkbox"/> Single	<input type="checkbox"/> Married filing separately	
<input type="checkbox"/> Married Filing Jointly	Check if your spouse passed away within the past 2 years.	<input type="checkbox"/>
<input type="checkbox"/> Head of Household	Date of Death:	

Dependent Information

First Name	Last Name	Social Security #	Date of Birth	Relationship to You	No. Months Lived w/you in 2014	Eligible for EIC	Child Care Expense	Qualified Education Expenses
Yes/No	Yes/No	Yes/No						

Please list any other person who may have lived in your home for all or part of the year

Check all that apply to you, your spouse and/or dependents.

<input type="checkbox"/> Earn interest on a checking/savings or other account? <input type="checkbox"/> Received dividend income? <input type="checkbox"/> Itemize deductions last year? <input type="checkbox"/> Receive or pay alimony? <input type="checkbox"/> Own a business? <input type="checkbox"/> Sell stock? <input type="checkbox"/> Have Health Insurance? <input type="checkbox"/> Sell timber, land or other real estate? <input type="checkbox"/> Receive funds from a retirement plan? <input type="checkbox"/> Own rental property? <input type="checkbox"/> Receive royalties (gas, etc)? <input type="checkbox"/> Own a corporation, partnership, trust, etc?	<input type="checkbox"/> Own a farm? <input type="checkbox"/> Receive unemployment compensation? <input type="checkbox"/> Receive Social Security income? <input type="checkbox"/> Required to repay a homebuyer credit? <input type="checkbox"/> Contribute to an IRA or other retirement plan? <input type="checkbox"/> Make student loan payments? <input type="checkbox"/> Pay tuition for you or a dependent? <input type="checkbox"/> Attend school in 2014 <input type="checkbox"/> Employed as a teacher? <input type="checkbox"/> Assessed an early withdrawal penalty? <input type="checkbox"/> Pay child care expenses? <input type="checkbox"/> Make mortgage payments?
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IMPORTANT Any Changes since we did your taxes last year? If so, what are they?

We will need to make copies of your Driver's License & Social Security Cards