



Customer Data Sheet

Please PRINT your personal information to assist us in the preparation of your income tax return.

Referred by: _____

TAXPAYER

First Name:	M.I:	Last Name:
Address:	Apt: <input type="checkbox"/> Single <input type="checkbox"/> Head of Household <input type="checkbox"/> Married Filing Joint <input type="checkbox"/> Married Filing Separate	
City:	Zip:	State:
Date of Birth:	Age:	Social Security #:
Drivers License <input type="checkbox"/> or State ID <input type="checkbox"/> (Please type number below)	Exp. Date:	Issue Date:
Cell #:	Home #:	
Email:	Occupation:	

Can anyone else claim you as a dependent? If Yes check here ☐

SPOUSE

First Name:	M.I:	Last Name:
Date of Birth:	Age:	Social Security #:
Drivers License <input type="checkbox"/> or State ID <input type="checkbox"/> (Please type number below)	Exp. Date:	Issue Date:
Cell #:	Home #:	
Email:	Occupation:	

INCOME **please make selection(s)*

Wage/Salary Statement (W2) How many? _____	Retirement Income (1099R)	Self-Employment Income (1099 Misc.)
Interest Received (1099 INT)	Unemployment Income (1099G)	Social Security (SSA-1099)
Gambling Winning/Losses (W2G)	Rental Property Income	F.I.P. Income



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Glass Tax Consulting, LLC promises to provide accurate and honest service to all clients, while completely upholding all ethic policies enforced by the IRS.



EXPENSES

Work/Medical Expenses \$		Mortgage Interest Paid \$		Education Expenses/Loan \$ (1098T/1098E)	
Property Taxes Paid \$		Buy or Sell Home? \$			
Make IRA Contribution? \$		Gifts to Charity \$			

DEPENDENTS

Name	Date of Birth	Age	Social Security #	Relationship	Months Lived with you	Custody? Y/N
						Y <input type="checkbox"/> N <input type="checkbox"/>
						Y <input type="checkbox"/> N <input type="checkbox"/>
						Y <input type="checkbox"/> N <input type="checkbox"/>
						Y <input type="checkbox"/> N <input type="checkbox"/>
						Y <input type="checkbox"/> N <input type="checkbox"/>

Do you have children in CHILD CARE? Y <input type="checkbox"/> N <input type="checkbox"/>		If yes, Answer the following:	
Provider's Name:		Provider's EIN/Social Security #:	
Provider's Address:		Provider's Contact #:	
Child's Name:		Amount Paid \$	
Child's Name:		Amount Paid \$	





HOUSEHOLD EXPENSES

Home Owner? Y <input type="checkbox"/> N <input type="checkbox"/>	Renter? Y <input type="checkbox"/> N <input type="checkbox"/>	Amount of Taxes Paid/ Rent Paid \$	Home Heating Amount \$	Taxable Value of Homestead \$
Landlord's Name/Address:				

EDUCATION EXPENSES (Does anyone in the household attend higher education or college courses?)

Name of Person Attending School	Name of College/University	List of School Expenses	Cost(s)	Attending Full or Part Time?
				Full <input type="checkbox"/> Part Time <input type="checkbox"/>
				Full <input type="checkbox"/> Part Time <input type="checkbox"/>

DIRECT DEPOSIT PAYMENT OPTION (Please complete BANK INFORMATION)

Bank Name:	Account Type: Savings <input type="checkbox"/> Checking <input type="checkbox"/>
Routing #:	Account #:

** This document requires electronic or manual signature. It is understood, upon signing any part, or all of this document is legally recognized as the TAXPAYER'S / TAXPAYER'S SPOUSE authentic signature. And allows GLASS TAX to receive all information within this document.*

☐ I (TAXPAYER/REPRESENTATIVE) AGREE TO THESE TERMS

Taxpayer's Signature:

Date:

Spouse's Signature:

Date:



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AFFIDAVIT OF INCOME LETTER

Date:

Name:

Address:

Email:

Main Number:

I _____ being of sound mind, am providing this affidavit to verify my income as, I have no other income documentation available to me. I receive \$_____ (gross income amount) and the frequency of pay is (weekly, biweekly, twice monthly, or monthly). I last received this amount on _____. I am also acknowledging, I do not have a bank account or any other valid sources of documented income.

I understand that this information is subject to verification by the Internal Revenue Service. I certify that the information presented in this letter is true and correct to the best of my knowledge and belief. This document was signed solely to prepare my Federal Individual Income Tax Return for the year _____.

I completely understand, by signing this document I am relieving **GLASS TAX CONSULTING, LLC** of any additional duties in regard to the income I am reporting.

** This document requires electronic or manual signature. It is understood, upon signing any part, or all of this document is legally recognized as the TAXPAYER'S / TAXPAYER'S SPOUSE authentic signature. And allows GLASS TAX to receive all information within this document.*

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Client's Signature:



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