



**KEY TAX SOLUTIONS**  
 19411 WEST MCNICHOLS ROAD  
 DETROIT MI 48219  
 OFFICE: 313-221-9397

Date: \_\_\_\_\_  
 Appointment Time: \_\_\_\_\_  
 Arrival Time: \_\_\_\_\_

**TAXPAYER DATA SHEET  
 PERSONAL INFORMATION**

	First Name & MI	Last Name	SS#	Date of Birth
Taxpayer				
Spouse				

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Daytime phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Taxpayer Occupation: \_\_\_\_\_ Spouse Occupation: \_\_\_\_\_

Taxpayer Email: \_\_\_\_\_ Spouse Email: \_\_\_\_\_

Tax Payer Driver's License #: \_\_\_\_\_ Spouse Driver's License #: \_\_\_\_\_

Filing Status:  Single  Married Filing Jointly  Married Filing Separately  Head of Household  Qualifying Window(er)

**PLEASE LIST ALL OF YOUR DEPENDENTS (NOTE: DO NOT LIST YOURSELF OR YOUR SPOUSE)**

DEPENDENTS FULL NAME AS IT APPEARS ON SOCIAL SECURITY CARD	D.O.B.	AGE	SOCIAL SECURITY NUMBER	RELATIONSHIP	DISABLED	FULLTIME STUDENT	MONTHS IN HOME

**CHILD/DEPENDENT CARE EXPENSES (NOTE: THIS INFORMATION IS REQUIRED FOR EACH PROVIDER)**

PROVIDER'S NAME & ADDRESS	PROVIDER'S PHONE #	SSN OR EIN	AMOUNT(\$)	DEPENDENT NAME(S)

**CHECK ALL INCOME SOURCES**

- W-2   
  1099   
  Alimony Received   
  Tip Income   
  Pension/Retirement Income   
  Unemployment  
 Lottery/Gambling Winnings   
 Social Security/Railroad Retirement/IRA Distribution   
 Self Employment Income

**STATE TAX INFORMATION**

<p><b>Renter</b></p> <p>Landlord Name: _____</p> <p>Landlord Address: _____</p> <p>Monthly Rent: _____</p> <p>Number of Months Rented: _____</p> <p>Home heating Amount for year: _____</p>	<p><b>Homeowner</b></p> <p>Property Tax Levied : _____</p> <p>Taxable Value of Homestead: _____</p> <p>Home Mortgage Interest: _____</p> <p>Private Mortgage Insurance (PMI): _____</p>
---	---

**REFUND DISBURSEMENT METHOD**

- DIRECT DEPOSIT   
  MAILED CHECKED   
  IN OFFICE CHECK   
  GREENDOT CARD  
 I AM INTERESTED IN THE FAST CASH ADVANCE!

Bank Name: \_\_\_\_\_ Routing# \_\_\_\_\_ Account# \_\_\_\_\_

- CHECKING     SAVINGS

X \_\_\_\_\_  
 Taxpayer Signature

X \_\_\_\_\_  
 Spouse Signature