



**KEY TAX SERVICE, LLC**  
 17515 W. 9 MILE RD., STE. 140  
 SOUTHFIELD, MI 48075  
 OFFICE: 248-569-9120 FAX: 248-569-9421

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

**TAXPAYER DATA SHEET  
 PERSONAL INFORMATION**

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

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

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

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

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

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

Can Anyone Else Claim You Or Your Spouse On Their Tax Return? Yes No

Did You Attend College Yes No Do You Have Form 1098T Yes No

If Yes: Undergraduate  Or Graduate ? Do You Owe Student Loans? Yes No

Did You Purchase Your Insurance On The Marketplace (Form 1095A) Yes No

**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**

**Renter**

**Homeowner**

Landlord Name: \_\_\_\_\_

Property Tax Levied : \_\_\_\_\_

Landlord Address: \_\_\_\_\_

Taxable Value of Homestead: \_\_\_\_\_

Monthly Rent: \_\_\_\_\_

Home Mortgage Interest: \_\_\_\_\_

Number of Months Rented: \_\_\_\_\_

Private Mortgage Insurance (PMI): \_\_\_\_\_

Home heating Amount for year: \_\_\_\_\_

**REFUND DISBURSEMENT METHOD**

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

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

YES, I Am Intersted In Securely ID – Identity Protection

X \_\_\_\_\_

X \_\_\_\_\_

Taxpayer Signature

Spouse Signature