



KEY TAX SOLUTIONS
 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: _____ State: _____ 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 Widow(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

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# _____

- CHECKING SAVINGS

YES, I Am Interested In Securely ID – Identity Protection

X _____
 Taxpayer Signature

X _____
 Spouse Signature