

Compu Tax Services



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2942 N Belt Line Rd
Irving, TX-75062

TAXPAYER DATA INPUT FORM

	First Name	Last Name	Social Security No.				Date of Birth	
Taxpayer					-			/ /
Spouse					-			/ /
Home Phone		Cell Phone					Email	
Work Phone		Fax						
Street Address			Apt. #	City			State	Zip Code

Filing Status (Please Check Only One)

Single Married Filing Jointly Married Filing Separately Head Of Household Qualified Widow(er) with dependent child(ren)

Did you have health insurance last year? YES / NO.

If YES then please indicate by circling the option. PRIVATE INS / MARKET PLACE

Dependent Information: Please fill out the attached dependent's EIC verification form if necessary.

S. No.	Dependent's Names	Date of Birth	Social Security No.	Relationship	Months in House
1.		/ /			
2.		/ /			
3.		/ /			

Occupation / ID Information:

	Occupation	First Type of ID (DL)	Second Type of ID (SS)
Taxpayer			
Spouse			

Closest relative not living with you: Name: _____ Phone: _____

Education / Tuition Expenses:

Did you pay tuition fee last year for yourself/spouse/dependents (Please circle one)? YES / NO

If YES, how much did you pay? \$_____ And do you wish to apply for HOPE CREDIT / LIFETIME CREDIT? YES / NO

Type of Return (Please check only one):

RAL (24 Hrs) RT (10-14 days) Direct Deposit (10-14 days) Paper E-File E-File DD Cash Card

Other Information:

How did you hear about us? _____

Where did you have your taxes prepared last year? _____

I/We, the undersigned hereby acknowledge that the above information is true and accurate to the best of my/our knowledge. The tax return will be prepared based on the information provided by the tax payer(s). Compu Tax Services is not responsible for the accuracy of the information provided by the tax payer(s). Compu Tax Services does not guarantee a specific date that a refund will be mailed or deposited into a taxpayer's financial institution account.

Taxpayer's Signature _____ Date _____

Spouse's Signature _____ Date _____