

REVELS & COMPANY
NEW CLIENT TAX DATA
TAX YEAR 2018

DATE _____
I/V _____

*TAXPAYER NAME _____
SSN (COPY) _____ DOB _____

OCCUPATION _____

*SPOUSE NAME _____
SSN (COPY) _____ DOB _____

OCCUPATION _____

*ADDRESS _____

*PHONE HOME _____ (T) WORK _____ (S) WORK _____

*DEPENDENT NAME SSN(COPY) DOB RELATION MO IN HOME

*INTEREST INCOME _____

*FILING STATUS: S MFJ MFS HOH QW

*SCHEDULE A: MEDICAL \$ _____ RE/PP TAX \$ _____
HOME INT \$ _____ CONTR \$ _____
HEALTH INS \$ _____ AR BAL DUE \$ _____
JOB EXP \$ _____

*CHILD CARE _____ FOR _____ CHILD(S) NAME
PROVIDER NAME _____
PROVIDER ADDRESS _____
PROVIDER SSN _____

*COLLEGE TUITION PAID: YES NO AMOUNT PAID _____
*COLLEGE BOOKS & SUPPLIES: YES NO AMOUNT PAID _____
*STUDENT LOAN INTERET PAID: YES NO AMOUNT PAID _____
*SALES TAX ON NEW VEHICLES: YES NO AMOUNT PAID _____
*SALES TAX ON BOATS, VEH,ETC: YES NO AMOUNT PAID _____
*ENERGEY CREDIT ITEMS: YES NO AMOUNT PAID _____
(INSULATION, CENTRAL H&A, WINDOWS, DOORS, METAL ROOFS)