

OLTA TAX E-FIRM INC.

CLIENT DATA SHEET

Name _____ SS ____-____-____ Date of Birth ____/____/____

Spouse's Name _____ SS ____-____-____ Date of Birth ____/____/____

Phone Number _____ Email _____

Address _____

Rent Home _____ Own Home _____

Single _____ Married _____ Single Parent _____ Divorced _____ Separated _____ Widowed _____

If divorced, separated or widowed please give date ____/____/____

Children

Name _____ Date of Birth ____/____/____ SS ____-____-____

Name _____ Date of Birth ____/____/____ SS ____-____-____

Name _____ Date of Birth ____/____/____ SS ____-____-____

Name _____ Date of Birth ____/____/____ SS ____-____-____

If you need more space please add info in the comment box on the next page.

Did all of the above children live in the United States all year? _____ with you all year? _____

HEALTH INSURANCE: Did everyone on the household have health insurance all year? _____
if no, please speak with representative regarding this matter

Income (check off those that apply to you or your spouse for the past year)

Employed _____ Rental Property _____ Royalty payments _____

Dividends _____ Trust payments _____ Taxable refund _____

Payment from S Corp _____ Alimony Received _____ Payment from partnership _____

Unemployment compensation _____ Sale of property _____ Social Security benefits _____

Sale of stock _____ Investment Gain/Loss _____ Education Expenses _____

IRA payments _____ Student Loan Interest _____ Pension payment _____

Purchase of new home _____ Annuities payment _____ Real Estate Taxes Paid _____

NOTES:

Further Information:

Do you want to donate \$3 to the presidential campaign fund? _____ Spouse _____

Do you have unreimbursed expenses as an educator? _____ How much? _____

Are you a member of the armed forces? _____

Have you moved more than 52 miles last year? _____

If yes, old address _____

What is the distance between your former home and former place of employment? _____

How long were you employed while living at your new address? _____

PLEASE FORWARD TO FAX (866) 292-4477

1) CLIENT DATA SHEET

2) A COPY OF A PHOTO ID (IF MARRIED YOU WILL NEED TO ALSO
SUBMIT A COPY OF A PHOTO ID FOR YOUR SPOUSE)

3) A SIGNED COPY OF THE SERVICE TERMS AND AGREEMENT