

## Tax Year 2020 – Taxpayer’s Information Sheet

2020	Name			Social Security Number	Birth Date	Married / Single	Address		Health Insurance	
	First	Middle	Last							
<b>Filer</b>							Phone:			
<b>Spouse</b>							Email:			
Dependent(s)	Name			Social Security Number	Birth Date	Relationship to Filer (Parents, son, daughter, brother...)	Time Living with Filer in 2020 (days/months)		Did you receive health insurance thru Obamacare or your company?	
	First	Middle	Last				Student yes/no			
1										
2										
3										
<b>INCOME</b>										
W-2	1099-Misc.	1099-R	1099-G	Interest/Dividends	K-1/S-Corp	Social Security	Gambling Winning	Other Income		
Child/Dependent Care		Child’s Name		Provider’s Name, Address, EIN, Amount Paid, Reimbursed (if applied)						
<b>Itemized Deductions</b>										
Sale Tax on Car/Boat/Building Materials		Mortgage Interest		Real Estate Tax		Cash/Check Donations		Non-Cash Donations		Others

The information presented herein is for use by CD Income Tax to prepare my income tax return. I am responsible for the completeness and accuracy of this information, keeping all the supporting records, and providing them if requested by governmental agencies.

**Please Sign:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Note:** For your records, we need to make copies of your original Driver License or ID and Social Security Card.

Bank name: _____
Routing: _____
Account #: _____