



CFSC Location? _____ Store # _____

MONEY TIME
T A X S E R V I C E**Client Data Form****Tax Preparer:** _____**Referred By:** _____**Check A Filing Status:** Single _____ Married filing Joint _____ Married filing single _____ Head of Household _____

Identity	Full Name	Social Security	Date of Birth	Occupation
Taxpayer				
Spouse				

Dependent Full Name	Social Security Number	Date of Birth	Months In Home	Relationship

Home Address	
City, State, & Zip Code	
Landlord Name & Phone Number	
Primary Phone Number	
Email Address:	

Are any of dependents in daycare? Yes _____ No _____

Daycare Name: _____

How much childcare expense did you pay? \$ _____

Daycare Number: _____

Any family members in college during 2018? Yes _____ No _____

Member: _____

1. Did you file a 2017 tax return? Yes _____ No _____

2. Do you owe back taxes? Yes _____ No _____

3. Do you owe student loans? Yes _____ No _____

4. Do you owe child support? Yes _____ No _____

I, _____, am giving Money Time Tax Services permission to prepare all forms related to my tax return; to apply for and secure RACs and RALs on my behalf; and sign all necessary forms and file my taxes electronically. I take full responsibility for the accuracy of this form and understand that Money Time Tax and/or associated affiliates hold no responsibility for any misrepresentations or false claims.

Taxpayer Signature_____
Date_____
Spouse Signature_____
Date

Following Received:

W2 _____ 1099 _____ 1098 _____ Self Employment _____ SS Benefits _____