



CLIENT DATA PACKET

"Once a Client - Always a Client"

If you have any questions, contact

CUBE TAX SERVICE

10711 Burnet Road, Ste 325

Austin, TX 78758

512.833.7856 or 972.661.0334

Email: fdustin@cubetax.com

Section I: General Information

Did the IRS adjust your 2015 refund? Y/N

Did you receive an IRS 3094 Letter? Y/N

Did you receive a Form 8836? Y/N (If yes, completed Form 8836(s) must be sent to Cube Tax Service)

Address: _____ City: _____ State: ____ Zip Code: _____
(PO Box only if PO will not deliver to your home)

Daytime Telephone: _____ Evening Telephone: _____ Cell: _____

Email address: _____

	First Name	MI	Last Name	Date of Birth	Social Security #	Relationship	# Mos In House
Taxpayer						XXXXX	XXXXX
Spouse						XXXXX	XXXXX
Dependent							
Dependent							
Dependent							
Dependent							
Dependent							

Filing Status: Single: ____ Head of Household: ____ Married Filing Jointly: ____ Married Filing Separately: ____

If you are filing Married Filing Separately the dependent care credit; EIC; American Opportunity Tax Credit; and adoption credit are generally not allowed.

Section II: Additional Information Needed to Have Your Return Prepared

Sources of Income:

W-2 _____ NO or _____ YES #? _____ (attached)
Interest _____ NO or _____ YES (attach 1099INT)
Dividends _____ NO or _____ YES (attach 1099DIV)
Rental _____ NO or _____ YES
Social Security _____ NO or _____ YES (attach 1099Soc Sec)
Other _____

Distributions:

IRA _____ NO or _____ YES (attach all 1099R Forms)
Pension _____ NO or _____ YES (attach all 1099R Forms)

**Attach a copy of last year's return, if not done by
Cube Tax Service.**

SELF-EMPLOYED INCOME/EXPENSES:

Form 1099K? _____

RENTAL INCOME:

Address of Property/Income/Expenses:
1099 Misc? _____

IRA CONTRIBUTIONS MADE FOR TAX YEAR 2015:

	<u>Deductible</u>	<u>Non-Deductible</u>	<u>Roth</u>
Taxpayer \$	_____	\$ _____	\$ _____
Spouse \$	_____	\$ _____	\$ _____

DEDUCTIONS:

___ Standard or ___ Itemized (Form 1098 for paid real estate taxes and interest)
If 1098 is not available you **MUST** provide the Name, Address and EIN or SS# of any individual to which you paid interest.

Home Interest \$ _____ Real Estate Taxes \$ _____

Contributions: Cash \$ _____ Non Cash \$ _____

Attach 1098C valuation if you donated a car or boat.

State Sales Paid: \$ _____

Other Deductions: _____

CHILD CARE PROVIDER INFORMATION:

<u>NAME</u>	<u>ADDRESS</u>	<u>EIN or SS#</u>	<u>\$ AMOUNT</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Number of your children cared for _____

ADDITIONAL INFORMATION:

Form 1095A, 1095B and/or 1095C for Health Insurance Coverage.

We must have a copy of a valid ID from each taxpayer on the Tax Return: ie. Driver's License or Passport.

We must have written proof that all dependent children claimed on your Tax Return lived with you or were considered to be living with you (away at school) in 2016. This can be any of the following on which the child's name and address are listed: School Records, Landlord statement (lease), Medical Records, Child Care Provider records, or Social services records

If you or a child dependent on your Tax Return attended a qualified higher education institution (college) in 2016 they will have a 1098T of which we must have a copy of 1098T and receipts for books.

If you had health insurance in 2016 you will have a 1095A, 1095B or a 1095C of which we need a copy.

Print out the Engagement Letter, answer the questions on page 2 and send the signed copy with your tax information to:

CUBE TAX SERVICE
10711 Burnet Road, Ste 325
Austin, TX 78758

SIGNATURE

I understand that Cube Tax Service provides tax preparation service and is not a tax consultant and does not provide tax advice. To the best of my knowledge and belief the information provided to Cube Tax Service is true, correct and complete. I understand that Cube Tax Service does not withhold their fee from my refund.

Signature _____ Date _____ Signature _____ Date _____