



Date: \_\_\_\_\_

**Tax-ish Professional Services Tax Estimate Sheet**

Email: \_\_\_\_\_  
 Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 DOB: \_\_\_\_\_ SSN: \_\_\_\_\_ Spouse: Y N  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_ Zip: \_\_\_\_\_  
 Circle 1: DL SID Number: \_\_\_\_\_ State: \_\_\_ Ex: \_\_\_\_\_  
 Spouse: \_\_\_\_\_ Phone: \_\_\_\_\_  
 DOB: \_\_\_\_\_ SSN: \_\_\_\_\_  
 Circle 1: DL SID Number: \_\_\_\_\_ State: \_\_\_ Ex: \_\_\_\_\_

***Dependent(s) Information***

Name: \_\_\_\_\_ SSN: \_\_\_\_\_ DOB: \_\_\_\_\_  
 Gender: M F Healthcare: Y N Relationship: \_\_\_\_\_ Childcare: Y N  
 Is there a possibility this dependent would be on someone elses return? Y N  
 Name: \_\_\_\_\_ SSN: \_\_\_\_\_ DOB: \_\_\_\_\_  
 Gender: M F Healthcare: Y N Relationship: \_\_\_\_\_ Childcare: Y N  
 Is there a possibility this dependent would be on someone elses return? Y N  
 Name: \_\_\_\_\_ SSN: \_\_\_\_\_ DOB: \_\_\_\_\_  
 Gender: M F Healthcare: Y N Relationship: \_\_\_\_\_ Childcare: Y N  
 Is there a possibility this dependent would be on someone elses return? Y N  
 Name: \_\_\_\_\_ SSN: \_\_\_\_\_ DOB: \_\_\_\_\_  
 Gender: M F Healthcare: Y N Relationship: \_\_\_\_\_ Childcare: Y N  
 Is there a possibility this dependent would be on someone elses return? Y N

***Employer Information***

Employer: _____	EIN: _____	Employer: _____	EIN: _____
Box1: _____	Box2: _____	Box3: _____	Box4: _____
Box4: _____	Box5: _____	Box6: _____	Box7: _____
Employer: _____	EIN: _____	Employer: _____	EIN: _____
Box1: _____	Box2: _____	Box3: _____	Box4: _____
Box4: _____	Box5: _____	Box6: _____	Box7: _____

- How Much was your return last year? \_\_\_\_\_
- Did anything change? (Income/Taxes/Dependents/Job/School/Buying Home/Filing Status) Y N
- Owe anything? (Child Support/IRS/Student Loans/Alimony/Other) Y N
- How much are you expecting to get back this year? \_\_\_\_\_
- Name at least 5 referrals:
 

Name: _____	Phone: _____
Name: _____	Phone: _____
Name: _____	Phone: _____
Name: _____	Phone: _____
Name: _____	Phone: _____



---

***Quote Information: This section for Preparers ONLY***

Quote: \_\_\_\_\_ Prep: \_\_\_\_\_ Refund: \_\_\_\_\_ Check D. Deposit

Bank Name: \_\_\_\_\_ Account Num: \_\_\_\_\_ Routing Num: \_\_\_\_\_