

PERSONAL DATA

Please note- an additional prep fee of \$79 will apply if documentation is submitted after taxes have been completed

*Name _____ *DOB _____ *SS# _____ (COPY Drivers License)

*Spouse _____ *DOB _____ *SS# _____ (Copy DL)

*Street Address _____

*City _____ *State _____ *Zip _____

*Number(s) where you can be reached _____ New Tax Client(S) Y N

Email _____

*Occupation _____ *Spouse _____

*If taxpayer or spouse died in 2024 ...enter date of death _____

* Did you purchase health insurance through the government administered market place ?
Y _____ N _____ (you would have received a "1095-A" form in the mail)

* Did you sell any property in 2024 Y _____ N _____ *Original Purchase \$ _____ Date _____

* Did you purchase a house in 2024 Y _____ N _____ Purchase \$ _____ Date _____
(Need copies of the closing statements)

* Do you own rental property Yes / No Property
address _____

* Did you pay Quarterly Estimated taxes Yes _____ No _____ (copies of checks needed)

* Automatic bank deposit for refund Yes _____ No _____
(Copy of void check/ Account on file/ New account)

In 2024, did you receive, sell, send, exchange or otherwise acquire financial interest
in any virtual currency (Bitcoin) Yes or No If yes we need documentation

Child tax credit: Submit any correspondence regarding which parent is claiming child

*Filing Status

Single _____ Married Filing Joint _____ Married Filing Separate _____ Head of Household _____
Qualifying Widower with Dependent Child _____

Dependents

Name	Relationship	DOB	Social Security#
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Please answer the following questions for each listed dependent: (If more than 1 child use additional sheet of paper)

- Is the child a qualifying child of more than one person Y / N
- Is someone else claiming the child Y / N
- Did the child live with you the entire year Y/ N

Did you provide more than half of the child's support for the year Y / N