

2025 CLIENT INFORMATION SHEET

WE ONLY ACCEPT CASH OR CHECK

TAXPAYER: USE FULL LEGAL NAME

FIRST NAME: _____ MI: _____

LAST NAME: _____

SSN: _____

OCCUPATION: _____

D.O.B.: ____/____/____

PHONE NUMBER: _____

ADDRESS: _____

CITY: _____ STATE: ____ ZIP: _____

COUNTY OF RESIDENCE: _____

SPOUSE: USE FULL LEGAL NAME

FIRST NAME: _____ MI: _____

LAST NAME: _____

SSN: _____

OCCUPATION: _____

D.O.B.: ____/____/____

PHONE NUMBER: _____

ADDRESS: _____

CITY: _____ STATE: ____ ZIP: _____

PREFERRED EMAIL ADDRESS: _____

PREFERRED PHONE NUMBER: _____

DID YOU GET YOUR TAXES DONE HERE LAST YEAR?	YES	NO
HOW WOULD YOU PREFER TO BE CONTACTED? PLEASE CIRCLE ALL THAT APPLY.	EMAIL	TEXT CALL
MARITAL STATUS AT THE END OF THE YEAR. IF YOU ARE MARRIED AND REQUESTING FILING SEPARATE, PLEASE EXPLAIN ON PAGE 3.	SINGLE	MARRIED
ARE YOU CLAIMED ON ANOTHER PERSON'S RETURN? SUCH AS A PARENT.	YES	NO
DID YOU WORK OVERTIME IN 2025? IF YES, WE WILL NEED YOUR LAST PAY STUB OF 2025 OR AN EMPLOYER PROVIDED STATEMENT ALLOCATING OVERTIME AMOUNTS.	YES	NO
DO YOU HAVE QUALIFIED TIPS TO REPORT THAT ARE NOT REPORTED ON YOUR W-2? IF SO, YOU MUST NOTIFY OUR OFFICE OF THESE AMOUNTS.	YES	NO
DID YOU OR YOUR SPOUSE HAVE MARKETPLACE INSURANCE? <u>WE MUST HAVE THE 1095-A FORM</u> (EX: CARESOURCE, ANTHEM BLUE CROSS BLUE SHIELD, ETC)	YES	NO
DIGITAL CURRENCY: AT ANY TIME DID YOU: (A) RECEIVE (AS AN AWARD, AWARD OR PAYMENT FOR PROPERTY OR SERVICES) OR (B) SELL *EXCHANGE, GIFT OR OTHERWISE DISPOSE OF A DIGITAL ASSET?	YES	NO
DID YOU MOVE IN 2025? IF YES, FILL OUT ALL DETAILS ON PAGE 3.	YES	NO
PLEASE CIRCLE ALL OF THE FOLLOWING SOURCES OF INCOME: <u>IF YOU HAVE ANY OF THE FOLLOWING</u> YOU WILL NEED TO PROVIDE A PROFIT & LOSS, BUSINESS INCOME & EXPENSE SHEET, ETC. <u>WE WILL NOT ACCEPT RECEIPTS.</u>	BUSINESS	FARM RENTALS S-CORP PARTNERSHIP
DID YOU MAKE ANY <u>ESTIMATED PAYMENTS</u> TO THE IRS, STATE, SCHOOL, OR CITY? IF YES, EXPLAIN IN DETAIL ON PAGE 3.	YES	NO
DID YOU, YOUR SPOUSE, OR ANY OF YOUR CHILDREN/DEPENDANTS ATTEND COLLEGE? IF YES WE WILL NEED <u>FORM 1098-T</u> FROM THE INSTITUTE, ALONG WITH ANY OUT-OF-POCKET EXPENSES NOT COVERED BY TUITION OR SCHOLARSHIPS.	YES	NO
DID YOU PROVIDE A COPY OF YOUR DRIVER LICENSE OR STATE ID? WE NEED TAXPAYER & SPOUSE DRIVER LICENSE OR STATE ID	YES	NO

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DO YOU HAVE ANY CHILDCARE OR QULAIIFIED DEPENDENT EXPENSES? WE MUST HAVE TUITION TO PRIVATE SCHOOL, DAYCARE, BABYSITTER INFORMATION FOR WHOM IT IS PAID, EXPLAIN ON PAGE 3.	YES NO
IF YOU OWE TAX LIABILITY TO IRS, WOULD YOU LIKE FOR THIS PAYMENT TO AUTOMATICALLY BE WITHDRAWN FROM YOUR BANK ACCOUNT? IF YES, THE PREPARER WILL CONTACT YOU FOR ADDITIONAL INFORMATION	YES NO

ONLY LIST THE DEPENDANTS YOU ARE CLAIMING FOR 2025
YOU MUST LIST ALL DEPENDANTS THAT YOU ARE CLAIMING
IF THERE IS A CUSTODY AGREEMENT, WE WILL NEED A COPY

FIRST & LAST NAME	SS #	D.O.B.	DID CHILD LIVE WITH YOU ALL 12 MONTHS		COLLEGE STUDENT	
			YES	NO	YES	NO

IF CHILD OR DEPENDANT DID NOT LIVE WITH YOU ALL 12 MONTHS, PLEASE SPECIFY NUMBER OF DAYS & MONTHS LIVED WITH YOU.

IF YOU RECEIVE A REFUND, WOULD YOU PREFER: CHECK DIRECT DEPOSIT

THE IRS IS REQUIRING DIRECT DEPOSIT OF ALL REFUNDS

IF YOU CHOOSE CHECK EXPECT A POSSIBLE 3 MONTH DELAY IN REFUND.

NAME OF BANK:	CHECKING	SAVINGS
ROUTING #	ACCOUNTING #	

PLEASE LIST ANY ADDITIONAL QUESTIONS OR CONCERNS THE PREPARER MAY NEED TO KNOW IN REGARD TO YOUR RETURN:

PRINT YOUR NAME(REQUIRED): _____

SIGNATURE (REQUIRED): _____ DATE: _____

******THIS FORM MUST BE ACCURATELY COMPLETED TO PREVENT ERRORS AND ADDITIONAL BILLING!!******

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REASON FOR MARRIED FILING SEPARATE: _____

MOVING INFORMATION: WE MUST KNOW IF YOU MOVED DURING THE YEAR. AN HAVE AN ALLOCATION FOR WHAT MONEY WAS EARNED AT EACH PARTICULAR RESIDENCE.

DATES LIVED AT	ADDRESS	PLACE(S) OF EMPLOYMENT

ESTIMATED PAYMENTS: PLEASE LIST AMOUNTS AND DATES

	1 ST QUARTER	2 ND QUARTER	3 RD QUARTER	4 TH QUARTER
FEDERAL	\$	\$	\$	\$
STATE	\$	\$	\$	\$
SCHOOL	\$	\$	\$	\$
CITY	\$	\$	\$	\$

CHILDCARE INFORMATION:

IRS PERMITS UP TO \$3,000 PER CHILD FOR 2 CHILDREN. PLEASE ALLOCATE IF NEEDED FOR MAX \$6,000 DEDUCTION

SCHOOL/DAYCARE PROVIDER	ADDRESS	EIN/SSN	AMOUNT PD	DEPEDENTS NAME
			\$	
			\$	

ANY OTHER INFORMATION THAT NEEDS SHARED WITH OUR OFFICE:

PRINT NAME: _____

SIGNATURE: _____ DATE: _____

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