

2024 CLIENT INFORMATION SHEET

WE ONLY ACCEPT CASH OR CHECK

Taxpayer: PLEASE USE YOUR FULL LEGAL NAME

First Name _____ Mi _____

Last Name _____

SSN: _____

Occupation: _____

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

Email: _____

Phone Number: _____

Address: _____

City: _____ State: _____ Zip: _____

Spouse: PLEASE USE YOUR FULL LEGAL NAME

First Name _____ Mi _____

Last Name _____

SSN: _____

Occupation: _____

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

Email: _____

Phone Number: _____

Address (if different): _____

City: _____ State: _____ Zip: _____

Please read each question carefully and you must answer all questions.

Did you get your taxes done here last year?	YES	NO
Is it ok if we text you when your return is ready to be picked up and to ask simple questions?	YES	NO
Did you or your spouse have Marketplace Insurance? We <u>MUST</u> have the 1095-A form if you did	YES	NO
Would you prefer a digital copy of your tax return OR a paper copy? Digital copies are uploaded onto an account initiated by our office.	Digital	Paper
Please select your Marital status at the end of the year If you are married and requesting to file a Married filing separate return you must fill out our MFS Sheet on PAGE 3	SINGLE	MARRIED
At any time during 2024, did you: (a) receive (as a reward, award or payment for property or services); or (b) sell, *exchange, gift or otherwise dispose of a digital asset (or a financial interest in a digital asset)? DIGITAL CURRENCY	YES	NO
Are you claimed on another person's return? Such as a parent or guardian.	YES	NO
Did you move in 2024 or 2025? WE MUST KNOW IF YOU DID!! If yes you must fill out our change of address form on PAGE 3	YES	NO
Please circle any of the following sources of income if applicable.	Business	Farm Rental Property
Did you make any estimated payment to the IRS, State, or Local governments IF YES you must show proof of payment and show dates of payments on PAGE 3	YES	NO
If you Receive a REFUND, how would you like the Refund	CHECK	or DIRECT DEPOSIT
Name of bank:	Type of account:	Checking or Savings
Routing Number:	Account Number:	

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- Only list the dependents you are claiming this tax year.
- If you have a child custody agreement, we will need an updated copy on file.

FIRST	LAST	SS#	D.O.B.	DID CHILD LIVE WITH YOU ALL 12 MONTHS?	College Student
_____	_____	_____	_____	YES NO	YES NO
_____	_____	_____	_____	YES NO	YES NO
_____	_____	_____	_____	YES NO	YES NO
_____	_____	_____	_____	YES NO	YES NO
_____	_____	_____	_____	YES NO	YES NO

If child(ren) did not live with you all 12 months, please specify number of months and days they did live with you.

Do you have any childcare expenses?	YES	NO
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If you do have childcare expenses, **YOU MUST** fill out our childcare expense sheet on **PAGE 3**
Tuition to private schools, Daycare, Babysitters and any other forms must be claimed by whom it is paid to!

Did you, your spouse, or any of your children/dependents attend college?	YES	NO
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IF YOU ANSWERED YES, WE WILL NEED THE **1098-T** FROM THE INSTITUTION
ALONG WITH ANY OUT- OF- POCKET EXPENSES NOT COVERED BY TUITION OR SCHOLARSHIPS (COMPUTER, BOOKS, SUPPLIES)

If you have any specific questions, comments, or concerns, please list them here for the preparer
and they will reach out during the preparation of your return.

COPY OF VALID DRIVERS LICENSE OR STATE ID IS REQUIRED BEFORE TAXES CAN BE FILED

THIS FORM MUST BE ACCURATELY COMPLETED TO PREVENT ADDITIONAL BILLING

Print your name (required) _____

Signature (required) _____ DATE _____

Married Filing Separately

You only need to fill this out if you are REQUESTING to file (Married Filing Separately)

Please list a reason/explanation for this:		
Do you still live with your spouse?	YES	NO
If No, YOU MUST list the date when you last lived together.		
Are there dependent children involved?	YES	NO
Do you have any court orders for filing your tax returns?	YES	NO

Change of Address

List all dates you moved and previous addresses from 2024-2025	Very important!

Estimated payments to IRS, State and/or Local Municipalities (City/School District)

- List all dates, amounts, and to whom the payments were made to.
- Our office will also need proof of these payments for our records and for reporting purposes.

Dependent Care Expenses Summary

Who was the care for(dependent):
Care provider's name:
Care Provider's address:
SSN or EIN of care provider:
Amount paid:

Print Name: _____

Signature: _____ DATE: _____