



Name: _____ Date: _____

Current address: _____

Home Phone: _____ Cell: _____ Cell: _____

Email: _____

Driver's Licenses for taxpayer and spouse (required information due to increased identity theft)

Y or N Driver's License Photo DOBs needed if Driver's Licenses aren't provided

Y or N License renewed in past year (if yes, provide of copy of Driver's License or information below)

License #: _____ Issued Date: _____ Expiration Date: _____

License #: _____ Issued Date: _____ Expiration Date: _____

Y or N New client referred by: _____

Y or N Did you receive, sell, exchange, gift or otherwise dispose of any digital assets at any time during past year?

Y or N Dependents (if yes provide names and SSN if different than last year)

Names: _____ DOB _____, _____ DOB _____

Names: _____ DOB _____, _____ DOB _____

Y or N Have you paid private tuition for a dependent in grades K-12?

Provide a school statement that includes the child's name, grade & tuition, EIN and amount paid

School Name: _____ Child Care Expense: _____

Y or N Dependent college year: _____ Book expenses: _____

Student loan interest paid (1098-E) _____ Tuition statement (1098-T) _____

Y or N Have there been any births, adoptions, marriages, divorces or deaths in the household

Name of new member of household: _____ DOB: _____ SSN #: _____

For a death in the household name: _____ DOD: _____

Y or N Would you like direct deposit if refund is received? Savings or Checking account?

Bank Name: _____

Routing Number: _____

Account Number: _____



- Y or N Have you sold your primary home? If yes, please provide a closing statement
- Y or N Real Estate tax paid in 2024 Amount: _____ Date(s) Paid: _____
- Y or N 2024 Estimated Tax Payments paid? Amount(s): _____ Date(s) Paid: _____
- Y or N Mortgage Interest (1098)
- Y or N If renting: Monthly \$ _____ X _____ months Y or N Is heat included. \$ _____ year/months
- Y or N Unemployment statement should be printed from the State Unemployment website form (1099-G)
- Y or N Alimony received: _____ from whom: _____ SSN: _____
- Y or N Interest Earned (1099 INT) _____ Y or N Rental property income: _____
- Y or N Self-employment income and expenses: _____
- Y or N Retirement Income (1099-R) Distributions from pensions, annuities, profit sharing plans
- Y or N Social Security form (SSA-1099)
- Y or N Supplement to Medicare Name: _____ Annual Amount paid: _____
- Y or N Health insurance through Marketplace please provide form (1095-A)
- Y or N Distribution Health Savings Account (5498-SA)
- Y or N Gambling Earnings (W2-G)
- Y or N Out-Of-State Purchases where sales tax wasn't paid
- Y or N Sales/Exchanges of Stocks or Mutual Funds(1099-B)
- Y or N W-2 forms
- Y or N (1099-DIV) Dividends & Distributions forms
- Y or N Copies of Schedule(s) K-1, returns for Partnerships, Joint Ventures, S Corporations, Estate and Trusts
- Y or N Medical Expenses including out of pocket premiums, prescribed drugs, dental, medical miles, glasses/contacts
Annual Amount \$ _____
- Y or N Long-Term Care insurance name of company: _____ Annual Premium: \$ _____
- Y or N Energy Improvements on main residence: _____ Amt Pd \$ _____
- Y or N Charitable contributions \$ _____