

New Clients must include social security cards for ALL on the return and IDs for Taxpayer and Spouse.

Payment required at the time of service.

PLEASE INFORM US IF YOU DO NOT HAVE ALL YOUR INFO TODAY.

TAXPAYER _____ SSN _____ DOB _____ PHONE _____

SPOUSE _____ SSN _____ DOB _____ PHONE _____

Email Address(s) _____

Mailing Address _____

Can we email you? _____ Can we text you? _____

Marital status? _____ If Separated or Divorced Date _____

If married, do you file married filing separately? _____

YES/NO

_____ Are either taxpayer or spouse legally blind?

_____ Were taxpayer or spouse in the military in 2024?

_____ Did your address change in 2024? _____ Did your marital status change in 2024?

_____ Did anyone live with you other than spouse or dependent? Name _____

_____ Changes in dependents? _____ ADOPTION expenses? _____

_____ CHILD CARE expenses paid for your dependent?

_____ Can another person qualify to claim the child(ren)?

_____ Did you have any dependents with UNEARNED income or EARNED income?

DID YOU RECEIVE ANY OF THE FOLLOWING?

_____ W2(s)? How many? _____

_____ 1099 NEC(s) for work you performed? How many? _____

_____ Money from a retirement account? How many forms? _____

_____ Social Security or SSDI? How many forms? _____

_____ TIPS not reported to your employer. Employer name and amount _____

_____ DISABILITY income? From? _____

_____ Rental Income from renting residential or commercial property?

_____ EARN interest on any accounts or loans you made to others?

_____ Sell or transfer any stocks, bonds, rental or investments?

_____ Rent to others any personal property or rent any part of your home?

_____ Work any side jobs or gig work?

_____ Have any DEBTS CANCELED, bankruptcy, foreclosure or repossession?

_____ Have any FOREIGN accounts or income? Live in or a resident of a foreign country?

_____ Receive ANY other income not mentioned in this checklist?

YES/ NO DID YOU OR ANYONE ON THIS TAX RETURN:

_____ Sign up for MARKET PLACE HEALTH INSURANCE? We need 1095(s)

Yes/No

pg2/2

_____ Have health savings account, HSA, Archer MSA, MT med, etc.?
_____ Pay STUDENT LOAN INTEREST?
_____ Attend post-secondary school? We need 1098T(s)
_____ Contribute to an Educational Savings Account?
_____ Contribute to any retirement accounts? or plan to by April 15th?
_____ Purchase or acquire any real estate?
_____ Make any energy efficient improvements to your main home?
_____ Purchase an energy efficient hybrid or electric vehicle?
_____ Pay any household employees? (Babysitter, nanny, housekeeper, etc.)
_____ Give any one person gifts totaling over \$18,000 in 2024?
_____ Were you involved in any Business, Partnership or S corporation?
_____ receive as reward, award, payment; or sell, exchange or otherwise dispose of a
DIGITAL ASSET or a financial interest in DIGITAL ASSET (crypto, NFT's, stablecoin, etc.)
_____ Receive any letters or notices from federal or state? Provide copy
_____ Make any income tax payments to Federal or any State? If so, list below:
FED PMTS: Date/Tax year it applies to/Amount STATE PMTS: Date/Tax Year applies to/Amount

Enter Amounts paid for the following: If you want us to look at itemized deductions for you
Medical Insurance(s)\$ _____

Long Term Care Insurance \$ _____

Medical and Dental Bills in 2024 \$ _____

Miles traveled for Medical _____

Property Taxes \$ _____

Vehicle License(s) _____

Mortgage Interest \$ _____ Amount owed on Mtg \$ _____

Cash Donations \$ _____ Items Donated \$ _____

Please include supporting documentation for Mortgage and Donations.

DIRECT DEPOSIT Routing # _____ Acct # _____ Ck _____ or Sav _____

By signing below, you declare you have included all your income and deductions and that you have receipts for each deduction you claim. You agree that the above information is correct and complete and may be used to prepare your income tax return for the tax year 2024.

Taxpayer signature _____ Print _____ Date _____

Spouse signature _____ Print _____ Date _____