



## Tax Shop Client Data Sheet

(New Clients please provide copies of last year's returns)

Taxpayer Name \_\_\_\_\_ M/F Spouse Name \_\_\_\_\_ M/F

Occupation \_\_\_\_\_

Occupation \_\_\_\_\_

SSN \_\_\_\_\_ Birthdate \_\_\_\_\_

SSN \_\_\_\_\_ Birthdate \_\_\_\_\_

Taxpayer Phone \_\_\_\_\_

Spouse Phone \_\_\_\_\_

Taxpayer Email \_\_\_\_\_

Spouse Email \_\_\_\_\_

Address \_\_\_\_\_ All 12 months \_\_\_\_\_

Dependents' name (List youngest first)	Birthdate	Social Security #	Relationship to You (Son Daughter, Other)	Months Lived in Your Home in 2025

### Check All That Apply

- You and, if applicable, your dependents had medical insurance provided by Marketplace exchange for **any** of 2025.
- You made **ESTIMATED** Federal or State taxes last year in **addition** to withholdings. Federal \_\_\_\_\_ State \_\_\_\_\_
- You or your spouse were a resident of another state or earned income in another state in 2025? Which State \_\_\_\_\_
- You are interested in receiving a complimentary review of your retirement/investment accounts for suitability/diversification.
- I would like to receive my tax return in a **hard copy tax book** available for pick up at the office.
- I would like to receive my tax return as an **electronic copy** via **iFirm** secure portal or personal email.

Would you like your refund deposited into your bank account? Yes \_\_\_\_\_ No \_\_\_\_\_ Name of Bank \_\_\_\_\_

Checking \_\_\_\_\_ Savings \_\_\_\_\_ Routing Number \_\_\_\_\_ Account Number \_\_\_\_\_

Are you self-employed? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please complete the Self-Employed Income Data Sheet- Ask for Sch C organizer

### Check All That Apply

<input type="checkbox"/> Wage Statement- W-2s	<input type="checkbox"/> Purchased Primary Residence	<input type="checkbox"/> Medical/Dental Expenses
<input type="checkbox"/> Tips or Other Income	<input type="checkbox"/> Sold Primary Residence	<input type="checkbox"/> Mortgage Interest 1098
<input type="checkbox"/> 1099- Misc.	<input type="checkbox"/> Owned Rental Property- need Sch E	<input type="checkbox"/> Mortgage Points (i.e. closing points)
<input type="checkbox"/> Received Interest 1099-INT	<input type="checkbox"/> Farm Income- need Sch F	<input type="checkbox"/> Paid real estate taxes
<input type="checkbox"/> Received Dividends	<input type="checkbox"/> Lottery or Gambling winnings	<input type="checkbox"/> Property Tax
<input type="checkbox"/> Sold Stocks or Bonds	<input type="checkbox"/> Cancellation of Debt	<input type="checkbox"/> Charity or Religious Contributions
<input type="checkbox"/> Pension/Retirement Income 1099R	<input type="checkbox"/> Distribution of foreign accounts	<input type="checkbox"/> Significant loss or Theft
<input type="checkbox"/> Contributions to IRAs	<input type="checkbox"/> Pd Qualified Education Exp 1098T	<input type="checkbox"/> Tax Preparation Expenses
<input type="checkbox"/> Received Unemployment	<input type="checkbox"/> Made student loan payments 1098E	<input type="checkbox"/> HSA Form 1099SA
<input type="checkbox"/> Social Security Income	<input type="checkbox"/> Financial interest virtual currency	<input type="checkbox"/> Business Extension Request \$25 fee
<input type="checkbox"/> Alimony (paid or received)	<input type="checkbox"/> Child Care Expenses	<input type="checkbox"/> Personal Extension Request \$25 fee

- **For new clients, how did you learn about us?** \_\_\_\_\_

I certify that I would like my taxes prepared according to the information provided above.

Taxpayer Signature \_\_\_\_\_ Date \_\_\_\_\_

Spouse's Signature \_\_\_\_\_ Date \_\_\_\_\_