

**S+P**SCOTT & PHILLIPS  
TAX AND ACCOUNTING**2024 Client Data Sheet**5900 North High Street  
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Taxpayer Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_ Birthdate: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Taxpayers Phone #: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Taxpayer's Driver's License #: \_\_\_\_\_ Issue Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Marital Status: Single \_\_\_\_\_ Married \_\_\_\_\_ Separated \_\_\_\_\_ Widowed \_\_\_\_\_ Do you have dependents? \_\_\_\_\_

Spouse's Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Spouse's E-Mail Address: \_\_\_\_\_ Spouse's Phone #: \_\_\_\_\_

Spouse's Driver's License #: \_\_\_\_\_ Issue Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Primary Contact: \_\_\_\_\_ Contact Method: Phone \_\_\_\_\_ Text \_\_\_\_\_ Email \_\_\_\_\_ May we contact your Spouse? \_\_\_\_\_

Dependent Name:	Birthdate:	SS#:	Relation:	Did the dependent live with you? (custodial parent)	Did dependent have earnings for 2024?
					_____ \$ _____
					_____ \$ _____

Is anyone else (e.g. your parents) claiming you or your spouse on his or her tax return? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you have self-employment / business income or a rental property? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you have "workers" that you paid more than \$600 to and should generate a 1099 or W2? Yes \_\_\_\_\_ No \_\_\_\_\_ Did you provide docs? Yes \_\_\_\_\_ No \_\_\_\_\_

What State(s) did you work in 2024? \_\_\_\_\_ What State(s) did you live in 2024? \_\_\_\_\_

Did you pay any estimated taxes? (Outside of your W2 income) Yes \_\_\_\_\_ No \_\_\_\_\_ How much? Federal: \$ \_\_\_\_\_ State: \$ \_\_\_\_\_ Local: \$ \_\_\_\_\_

Did you make any charitable contributions this year? Yes \_\_\_\_\_ No \_\_\_\_\_ If so, please provide cash total and non-cash value: \$ \_\_\_\_\_

In 2024, did you (a) receive (as a reward, award, or payment for property or services): Yes \_\_\_\_\_ No \_\_\_\_\_ Total Amount? \$ \_\_\_\_\_

OR (b) sell, exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? Yes \_\_\_\_\_ No \_\_\_\_\_ Total Amount? \$ \_\_\_\_\_

Do you have a Health Savings Account (HSA)? Yes \_\_\_\_\_ No \_\_\_\_\_ If so, what was your total distribution? \$ \_\_\_\_\_

If you had health care coverage with a government Marketplace (Exchange) during 2024;

*Please provide Form 1095-A, issued by the Marketplace. In some family situations you may have more than one 1095-A.*

Did you pay Long Term Care Premiums for you or your spouse? Yes \_\_\_\_\_ No \_\_\_\_\_ Amount \$ \_\_\_\_\_

Did you or your dependents go to college or take continuing education classes this year? Yes \_\_\_\_\_ No \_\_\_\_\_ Please provide 1098-T.

Do you have a State 529 Plan for education? Yes \_\_\_\_\_ No \_\_\_\_\_ Please provide this statement.

Do you have Day Care expenses for your dependent? Yes \_\_\_\_\_ No \_\_\_\_\_ Total paid? \$ \_\_\_\_\_

Did you contribute to any retirement plan? Yes \_\_\_\_\_ No \_\_\_\_\_ If so, how much did you contribute? \$ \_\_\_\_\_

Did you take any retirement distributions? Yes \_\_\_\_\_ No \_\_\_\_\_ If so, how much did you take in distributions? \$ \_\_\_\_\_

Are you interested in a direct deposit of your refund? Yes \_\_\_\_\_ No \_\_\_\_\_ Please initial that financial info is correct \_\_\_\_\_

Bank: \_\_\_\_\_ Routing #: \_\_\_\_\_ Account #: \_\_\_\_\_ Checking or Savings Account? \_\_\_\_\_

Credit Card Information to charge your tax return preparation fee, once the return is complete:

Credit Card #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ / \_\_\_\_\_ CSV / CVV: \_\_\_\_\_

Payment must be received before tax return will be filed. Thank you! Initials: \_\_\_\_\_

Notes: