Taxpayer First Name Middle Initial Last Name

Taxpayer SS# Date of Birth Disabled? Y/N

Spouse First Name Middle Initial Last Name

Spouse SS# Date of Birth Disabled? Y/N

Address Apt. #

City State Zip

State of Residence as of December 31, 2024

Best Point of Phone Contact Circle One: home cell work

Occupation Spouse Occupation

E-mail Address

Spouse E-mail Address

**Filing Status:** Single Married Filing Joint Married Filing Separate Head of Household Widower

**Can you be claimed on someone else’s return? (parent, guardian)** Y/N **Are you (or a dependent) a student?** Y/N

**Are you an educator of K-12?** Y/N **Did you incur qualified unreimbursed expenses?** Y/N **How much?** $\_\_\_\_\_\_\_\_\_\_

**\*Did you have educational expenses (college tuition & books) or receive any scholarships/fellowships for yourself or any dependent? Yes/No**

**If yes, please provide Form 1098-T (Tuition) and/or Form 1098-E (Student Loan Interest)**

**\*Did you or any one in your family receive an Identity Protection PIN (IP PIN) from the IRS? Yes/No**

**If yes, please provide the six-digit number assigned to each eligible taxpayer.**

**\*Did you make energy-saving improvements to your home? Yes/No**

***Energy efficient home improvements examples* *Residential clean energy examples***

 **Insulation Solar electric property costs**

 **Exterior windows and doors Solar water heating property costs**

 **Central air conditioners Fuel cell property costs**

 **Water heaters Small wind energy property costs**

 **Heat pumps Geothermal heat pump property costs**

**\*Are you in default on student loans or delinquent on child support or back taxes?** **Yes/No**

 **If yes, please provide details/documentation with office staff.**

**\*Did you receive a State Income Tax Refund in 2024? Provide 1099-G Yes/No If so, list the State(s) and Dollar Amount?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\*Did you purchase health insurance through the Marketplace in 2024?** **Y/N**

**\*\*\* If Yes, you must furnish Form 1095-A, (Health Insurance Marketplace Statement) \*\*\***

**\*Did you have dependent care expenses in 2024 (childcare services) ?** **Y/N**

**Examples of qualified expenses include:**

* **Daycare (Not at your employer’s facility)**
* **Individual providing care at your home or at a facility**
* **Day or Summer Camp**
* **Before-and-after school care**

**Child Care Provider’s Name** **Provider’s SSN/EIN**

**Child Care Provider’s Address** **Amount Paid to Provider­**

**\*Did you contribute to an IRA in 2024? Y/N If so, Traditional or Roth?**

**If yes, how much did you contribute: $\_\_\_\_\_\_\_\_ How much did your spouse contribute: $\_\_\_\_\_\_\_\_\_**

**\*Did you have any Gambling Winnings in 2024? Y/N If so, Dollar Amount?\_\_\_\_\_\_\_\_\_**

**\*Did you receive Unemployment in 2024? Y/N If so, Dollar Amount?\_\_\_\_\_\_\_\_\_**

**In 2024, did you receive, exchange, or sell any digital asset? i.e. Non-fungible tokens (NFTs), Cryptocurrencies (such as Bitcoin) or Stablecoins (such as Tether) currency? Y/N**

***If you have any children or individuals that you may claim as a dependent, please complete. Documentation will be required (ie. SS Card, Birth Certificate, etc). Also, if you have more dependents, list on a separate sheet.***

**First Name** Middle Initial **Last Name**

Social Date of Birth Relationship Citizenship

Months Lived With You In U.S. Months Lived With You Outside U.S. (if any)

**First Name** Middle Initial **Last Name**

Social Date of Birth Relationship Citizenship

Months Lived With You In U.S. Months Lived With You Outside U.S. (if any)

**First Name** Middle Initial **Last Name**

Social Date of Birth Relationship Citizenship

Months Lived With You In U.S. Months Lived With You Outside U.S. (if any)

**Do you certify that all the answers on this form are, to the best of your knowledge, true, correct, and complete? Yes \_\_\_\_\_\_ No \_\_\_\_\_\_**

***I give The Essix Group the permission to process my 2024 Federal/State(s) Income Tax Return.***

**Taxpayer’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**