

# **Essix Tax Client Data Sheet**

Taxpayer First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last Name \_\_\_\_\_

Spouse First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last Name \_\_\_\_\_

Taxpayer SS# \_\_\_\_\_ Date of Birth \_\_\_\_\_ Disabled? Y/N

Spouse SS# \_\_\_\_\_ Date of Birth \_\_\_\_\_ Disabled? Y/N

Address \_\_\_\_\_ Apt. # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

State of Residence as of December 31, 2023 \_\_\_\_\_

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**

You may qualify for deductions and credits that reduce your taxes. 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**

Insulation  
Exterior windows and doors  
Central air conditioners  
Water heaters  
Heat pumps

**Residential clean energy examples**

Solar electric property costs  
Solar water heating property costs  
Fuel cell property costs  
Small wind energy property costs  
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.

**ALL FEES ARE DUE UPON THE COMPLETION OF TAXES UNLESS CHOOSING TO HAVE THOSE FEES WITHHELD FROM REFUND. Contractual Agreement Required.**

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

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

**\*Did you have dependent care expenses in 2023 (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 2023?** Y/N If so, Traditional or Roth?

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

**In 2023, 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 \_\_\_\_\_

Taxpayer's Signature \_\_\_\_\_ Date \_\_\_\_\_

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