

Essix Tax Client Data Sheet

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

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.

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

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 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 _____

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