

NUMERICAL TAX SOLUTIONS, LLC

CLIENT INFORMATION SHEET

Date:

Referred By:

Taxpayer Name:_____

Spouse Name:_____

Address:_____

Address:_____

Social Security #:_____

Social Security #:_____

Date of Birth:_____

Date of Birth:_____

Phone Number:_____

Phone Number:_____

Email Address:_____

Email Address:_____

Occupation:_____

Occupation:_____

Check if you or your spouse were in 2025:

A U.S. Citizen	<input type="checkbox"/> You	<input type="checkbox"/> Spouse	<input type="checkbox"/> No
In the U.S. on a visa	<input type="checkbox"/> You	<input type="checkbox"/> Spouse	<input type="checkbox"/> No
A full-time student	<input type="checkbox"/> You	<input type="checkbox"/> Spouse	<input type="checkbox"/> No
Legally blind	<input type="checkbox"/> You	<input type="checkbox"/> Spouse	<input type="checkbox"/> No
Totally and permanently disabled	<input type="checkbox"/> You	<input type="checkbox"/> Spouse	<input type="checkbox"/> No
Issued an identity protection Pin (IPPIN)	<input type="checkbox"/> You	<input type="checkbox"/> Spouse	<input type="checkbox"/> No
Owners or holders of any digital assets	<input type="checkbox"/> You	<input type="checkbox"/> Spouse	<input type="checkbox"/> No
Did you have any interest in or authority over any foreign account pr trust	<input type="checkbox"/> You	<input type="checkbox"/> Spouse	<input type="checkbox"/> No

If due a refund, how would you like your refund

Direct Deposit (If direct deposit, provide routing number _____ and account number _____ and name of bank _____)

Check by mail

Split refund between accounts

Other _____

If you have a balance due, how would you like to make your payment

Bank account

Set up installment agreement

IRS.gov Direct Pay

Mail payment to IRS

Would you, or your spouse if married filing jointly, like \$3 to go to the Presidential Election Campaign Fund You Spouse No

As of December 31, 2025, what was your marital status

Never Married
 Married If married, were you married on the last day of the year Yes No
Did you and your spouse live apart all of the last 7 months of the year
 Divorced – List date of final decree _____
 Legal Separated – Date of Separate maintenance decree _____
 Widowed – Year of spouse's death _____

**List the names below of everyone who lived with you last year (except your spouse)
AND anyone you supported but did not live with you last year**

Name: _____

Social Security #: _____

Date of Birth: _____

Relationship to you _____

Number of months lived with you _____

Single or Married as of 12/31/2025 (S/M) _____

U.S. Citizen _____

Resident of U.S., Canada or Mexico _____

Full-time student _____

Totally and permanently disabled _____

Issued IPPIN _____

Grade in School _____
.....

.....
Name: _____

Social Security #: _____

Date of Birth: _____

Relationship to you _____

Number of months lived with you _____

Single or Married as of 12/31/2025 (S/M) _____

U.S. Citizen _____

Resident of U.S., Canada or Mexico _____

Full-time student _____

Totally and permanently disabled _____

Issued IPPIN _____

Grade in School _____
.....

Name: _____

Social Security #: _____

Date of Birth: _____

Relationship to you _____

Number of months lived with you _____

Single or Married as of 12/31/2025 (S/M) _____

U.S. Citizen _____

Resident of U.S., Canada or Mexico _____

Full-time student _____

Totally and permanently disabled _____

Issued IPPIN _____

Grade in School _____
.....

Income - Received money from any of the following in 2025:

Wages as a part-time or full-time employee	<input type="checkbox"/> Yes	<input type="checkbox"/> No
How many jobs _____		
Tips	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Retirement account, pension or annuity proceeds	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Disability benefits (such as payments from insurance and workers' compensation)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Social Security or Railroad Retirement Benefits	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Unemployment benefits	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Refund of state or local income tax	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Interest or dividends (bank account, bonds, etc.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Sale of stocks, bonds or real estate	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Did you report a loss on last year's return	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Alimony	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Income from renting out your house or a room in your house	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, did you use the dwelling unit as a personal residence and rent it for fewer than 15 days	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Income from renting personal property such as a vehicle	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Gambling winnings, including lottery	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Payments for contract or self-employment work	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Did you report a loss on last year's return	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Any other money received during the year? (example: cash, payments, jury duty, awards, digital assets, royalties, union strike benefits)	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Expenses and Tax Related Events:

Paid any of the following expenses to itemized in 2025?

Mortgage Interest	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Taxes: state, local, real estate, sales, etc.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Medical, dental, prescription expenses	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Charitable contributions	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Paid any of these expenses in 2025?

Student loan interest	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Child and dependent care	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Contributions to a retirement account	<input type="checkbox"/> Yes	<input type="checkbox"/> No
School supplies by a teacher, teacher's aid or other Education	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Alimony payments (do not include child support)	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Did any of the following happen during 2025?

You or someone in your family took education classes (technical school, college, job related, etc.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Sell a home	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Have a health savings accounts (HSA)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Purchase health insurance through the Marketplace (Exchange)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Purchase and install energy-efficient home items (example: windows, furnace, insulation, etc.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Other (example: purchased a new vehicle, etc.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have credit card, mortgage, or other debt cancelled/forgiven by a lender	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have a loss related to a declared Federal disaster area	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have a tax credit disallowed (example: earned income credit, child tax credit, or American opportunity credit)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Receive any letter or bill from the IRS	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Make estimated tax payments or apply last year's refund to 2025 taxes	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Brought last year's return	<input type="checkbox"/> Yes	<input type="checkbox"/> No