

## NUMERICAL TAX SOLUTIONS, LLC

### CLIENT INFORMATION SHEET

**Date:**

**Referred By:**

Taxpayer Name: \_\_\_\_\_

Spouse Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

(if different) \_\_\_\_\_

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 \_\_\_\_\_ You \_\_\_\_\_ Spouse \_\_\_\_\_ No

**In the U.S. on a visa** \_\_\_\_\_ **You** \_\_\_\_\_ **Spouse** \_\_\_\_\_ **No**

A full-time student \_\_\_\_\_ You \_\_\_\_\_ Spouse \_\_\_\_\_ No

**Legally blind** \_\_\_\_\_ **You** \_\_\_\_\_ **Spouse** \_\_\_\_\_ **No**

Totally and permanently disabled \_\_\_\_\_ You \_\_\_\_\_ Spouse \_\_\_\_\_ No

**Issued an identity protection Pin (IPPIN)** \_\_\_\_\_ **You** \_\_\_\_\_ **Spouse** \_\_\_\_\_ **No**

Owners or holders of any digital assets \_\_\_\_\_ You \_\_\_\_\_ Spouse \_\_\_\_\_ No

**Did you have any interest in or authority over any foreign account pr trust** \_\_\_\_\_ **You** \_\_\_\_\_ **Spouse** \_\_\_\_\_ **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** \_\_\_\_\_

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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**\_\_\_\_\_

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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**\_\_\_\_\_

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

Wages as a part-time or full-time employee	_____Yes	_____No
How many jobs _____		
<b>Tips</b>	_____Yes	_____No
Retirement account, pension or annuity proceeds	_____Yes	_____No
<b>Disability benefits (such as payments from insurance and workers' compensation)</b>	_____Yes	_____No
Social Security or Railroad Retirement Benefits	_____Yes	_____No
<b>Unemployment benefits</b>	_____Yes	_____No
Refund of state or local income tax	_____Yes	_____No
<b>Interest or dividends (bank account, bonds, etc.)</b>	_____Yes	_____No
Sale of stocks, bonds or real estate	_____Yes	_____No
<b>Did you report a loss on last year's return</b>	_____Yes	_____No
Alimony	_____Yes	_____No
<b>Income from renting out your house or a room in your house</b>	_____Yes	_____No
If yes, did you use the dwelling unit as a personal residence and rent it for fewer than 15 days	_____Yes	_____No
<b>Income from renting personal property such as a vehicle</b>	_____Yes	_____No
Gambling winnings, including lottery	_____Yes	_____No
<b>Payments for contract or self-employment work</b>	_____Yes	_____No
Did you report a loss on last year's return	_____Yes	_____No
<b>Any other money received during the year? (example: cash, payments, jury duty, awards, digital assets, royalties, union strike benefits)</b>	_____Yes	_____No

**Expenses and Tax Related Events:**

**Paid any of the following expenses to itemized in 2025?**

Mortgage Interest	_____Yes	_____No
<b>Taxes: state, local, real estate, sales, etc.</b>	_____Yes	_____No
Medical, dental, prescription expenses	_____Yes	_____No
<b>Charitable contributions</b>	_____Yes	_____No
<b>Paid any of these expenses in 2025?</b>		
Student loan interest	_____Yes	_____No
<b>Child and dependent care</b>	_____Yes	_____No
Contributions to a retirement account	_____Yes	_____No
<b>School supplies by a teacher, teacher's aid or other Education</b>	_____Yes	_____No
Alimony payments (do not include child support)	_____Yes	_____No

**Did any of the following happen during 2025?**

You or someone in your family took education classes

(technical school, college, job related, etc.)

\_\_\_\_ Yes

\_\_\_\_ No

**Sell a home**

\_\_\_\_ **Yes**

\_\_\_\_ **No**

Have a health savings accounts (HSA)

\_\_\_\_ Yes

\_\_\_\_ No

**Purchase health insurance through the Marketplace  
(Exchange)**

\_\_\_\_ **Yes**

\_\_\_\_ **No**

Purchase and install energy-efficient home items

(example: windows, furnace, insulation, etc.)

\_\_\_\_ Yes

\_\_\_\_ No

**Other (example: purchased a new vehicle, etc.)**

\_\_\_\_ **Yes**

\_\_\_\_ **No**

Have credit card, mortgage, or other debt

cancelled/forgiven by a lender

\_\_\_\_ Yes

\_\_\_\_ No

**Have a loss related to a declared Federal disaster  
area**

\_\_\_\_ **Yes**

\_\_\_\_ **No**

Have a tax credit disallowed (example: earned income  
credit, child tax credit, or American opportunity  
credit)

\_\_\_\_ Yes

\_\_\_\_ No

**Receive any letter or bill from the IRS**

\_\_\_\_ **Yes**

\_\_\_\_ **No**

Make estimated tax payments or apply last year's  
refund to 2025 taxes

\_\_\_\_ Yes

\_\_\_\_ No

**Brought last year's return**

\_\_\_\_ **Yes**

\_\_\_\_ **No**