

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 _____

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

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

Expenses and Tax Related Events:

Paid any of the following expenses to itemized in 2025?

Mortgage Interest	___ Yes	___ No
Taxes: state, local, real estate, sales, etc.	___ Yes	___ No
Medical, dental, prescription expenses	___ Yes	___ No
Charitable contributions	___ Yes	___ No
Paid any of these expenses in 2025?		
Student loan interest	___ Yes	___ No
Child and dependent care	___ Yes	___ No
Contributions to a retirement account	___ Yes	___ No
School supplies by a teacher, teacher's aid or other Education	___ 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**

Drivers License Information Required To E-File

Taxpayer:

Number _____

State _____

Issue Date _____

Expiration Date _____

Spouse:

Number _____

State _____

Issue Date _____

Expiration Date _____