2025 New Client Information Sheet- Date______________

(Taxpayer)First Name______________MI___Last____________DOB_________SS#______________

Name you go by___________

Spouse's Full Name _______________MI___Last_____________ DOB_________ SS#_______________

Name you go by ___________

Mailing Address _________________ City _______________ State ____ Zip __________(Own or Rent)

Physical address (if different from above)

COUNTY____________________ School Dist_________________

Cell Phone _______________ Spouse's Cell _______________ Home Phone _______________

Email Address ________________________Spouse email_______________________________

**Best Person to Contact for Tax Purposes ____________

Your Occupation _______________ Spouses Occupation _______________

Previous preparer_____________________

How Did you hear about us...? Internet/website _______ Relative Name __________________ Drive by____

Co Worker's name__________ Friend Name _________________ Radio ____ Yellow Pages _____ Other _________

~If You owe money to the IRS or NYS, how do you want to pay- Mail check or IRS Website?

If you are due a refund, do you want Direct Deposit to your bank account? (need voided check or fill out info)

Bank Name ________________ Routing # ________________ Checking or Savings (Circle One)

Account # ________________ (must be an account with the taxpayer's name, both if joint)

***IRS REFUNDS NORMALLY BY CHECK WILL BE ISSUED ON DEBIT CARDS

Filing Status:

_____Single .... Can someone else Claim you? Y N Not Sure

_____Married filing jointly _____Married filing Separate (Spouse's name) ________________ SS# __________

_____Surviving Widow(er) (w/ dependent child) _____Head of Household (unmarried/separated with dependents)

_____ Single student claimed by parents

Dependents: List children living with you age 18 or younger. (If child is age 19 through 23 and attends school full time for at least 5 months during the year, place an "s" after the name to denote student)

First Name	Mid Int	Last name	SS#	DOB	relationship To taxpayer	months live in home 2025	any college

Other dependent: (list mother, father, child not listed above, etc)

First Name	Mid Int	Last Name	Relationship	Age	S.S.#	Gross Income	#months

Copies of Driver's License required (Front & Back)

Do you have an IRS ID Protection PIN #? We need each person that has one, including dependents (either by mail or online) (A new one is issued every January)

Taxpayer Pin__________ Spouse pin __________ Dependents pin ____________

Events throughout the year (check if applies)

___ **Change in number of dependents** ___ **Married/Divorced/Spouse died** ___ **You, spouse, or Dependent reached age 65**

INCOME CHECKLIST

~W2's (How Many? ____)

~1099R's (How Many? ____)

(RETIRNEMENT/PENSIONS/IRA WITHRAWS..ETC)

~1099s from interest, dividends

~Social Security **(Need 1099SA)**

~Unemployment statements **(Need 1099G)**

~Brokerage statements

(Robinhood, Fidelity, Schwab, etc)

(Need full statements- uploading them is appreciated)

~K-1 from partnerships, s corps, estates, and trusts

~Self-employment Income and Expense

(Must be in categories and totaled)

~Rental income and expense

(Must be in categories, totaled & each rental separate)

~LOTTO/ GAMBLING WINNINGS

~SOLD HOME OR PROPERTY **(Need HUD statement)**

~OTHER INCOME

~Do you have any virtual currency? (Bought, sold, exchanged

Deductions/Credits (most common, not everyone can use all of these)

~Child Care **(need Provider Name, Address and SSN or EIN Number, & Amount by Child)**

~Student Loan Interest **(1098E)**

~Teacher expenses (Amount_______)

~ College Information (personal or Dependent)

1098T, Books, dorm exp, college invoice

~529 plan-Education IRA Contribution / 1099Q

~Charitable Donations

(Total amount needed _______)

~Mortgage Int, Property and School Taxes

~Energy Credits- Windows, doors, insulations, furnace, hot water, solar..etc.. Go to our website for more information

Other Information

~HSA Information **(Form 1099SA For withdrawals/ Form 5498 if self-Contribution)**

~Estimates Paid For 2025

(will need Amounts and dates)

~Healthcare from the Marketplace

(Will need 1095A)

~Are you an Active Volunteer Fire fighter? (APPLYS TO NY ONLY)

~Did you put money into an IRA or Roth IRA

New for 2025 taxes

****Did you buy a new vehicle in 2025? (check website for qualifications or ask for our info sheet)**

****Did you receive overtime pay in 2025? If so, we need your last paystub (if the overtime is not on your W2.)**

****Did you receive tips as part of your employment? If so, you may be eligible for a tax deduction. (check website for qualifications or ask for our info sheet)**

****NY residents- did you receive an inflation reduction check in fall 2025?**

Amount received -- $150, $200, $300, $400

Dear Taxpayer(s),

This letter is to confirm our understanding of the terms of our agreement and outline the nature and extent of the services we will provide. **Based upon the information you provide to us; we will prepare your Federal and applicable state tax returns for 2025.**

We will not audit or verify the data you submit to us, although we may ask you for clarification when necessary. All the information you submit to us will, to the best of your knowledge, be correct and complete and include all other information necessary for the completion of your tax return.

We will also prepare 2026 estimated tax vouchers if required, based on your income and withholding taxes for 2025. **If you anticipate a substantial change in income or withholding taxes for 2026, please advise us as soon as possible.** We will then determine whether an adjustment should be made to your tax estimates.

Your returns are subject to review by the taxing authorities. Any items that may be resolved against you by the examining agent are subject to certain rights of appeal. In the event of an examination, we will be available upon request to represent you, or to review the results of any examination. Billing for these additional services will be at our standard rates. **We will charge a postage fee for any returns we have to mail. Any additional hard copies will be available for an additional fee.**

Our secure Tax portal is available as long as you are a client, we do suggest downloading and keeping a backup of your files.

The charges for our services are based on the complexity of the returns.

I agree to pay my bill, in full at the time of service. Payment options are Cash, Check or Card.

You have the final responsibility for your income tax returns. Please review them carefully before you sign them for Efiling.

With my signature I am attesting that all information submitted to Walrath Tax Service is true, correct, and complete to the best of my knowledge.

If the above is in accordance with your understanding of the terms and conditions of our agreement, please sign and return a copy of this letter.

PLEASE SIGN: TAXPAYER________________________ DATE____________

SPOUSE______________________ DATE____________