**2024 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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*\*Circle Preferred Communication (Taxpayer Email or Call) (Spouse email or call) -Circle preference\*\***

Your Occupation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Spouses Occupation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Previous preparer\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Copies of Driver’s License required (Front & Back)**

**How Did you hear about us…?** Internet/website \_\_\_\_\_\_\_\_ Relative Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Drive by\_\_\_\_

Co Worker's name\_\_\_\_\_\_\_\_\_ Friend Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Radio \_\_\_\_ Yellow Pages \_\_\_\_\_ Other \_\_\_\_\_\_\_\_\_\_\_

**If you are due a refund, do you want Direct Deposit to your bank account? Y or N (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)

**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 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 months live any**

**To taxpayer in home 2023 college**

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

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

**Do you have a 2025 IRS ID Protection PIN #, we need for each person that has one, including dependents (either by mail or online) (You are issued one every January)**

T \_\_\_\_\_\_\_\_\_ S \_\_\_\_\_\_\_\_\_ Dependents \_\_\_\_\_\_\_\_\_\_\_\_ **1of2**

**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 WINNINGS

SOLD HOME OR PROPERTY (**Need Closing 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

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 in 2024 (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

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 furnish to us; we will prepare your Federal and applicable state income tax returns for 2024.**

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 2025 estimated tax vouchers if required, based on your income and withholding taxes for 2024. **If you anticipate a substantial change in income or withholding taxes for 2025, 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 our fee schedule and 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\_\_\_\_\_\_\_\_\_\_\_\_ **2 of 2**