

Tax Preparation - Client Information Sheet

NOTE: THERE ARE NEW QUESTIONS. PLEASE LOOK OVER CAREFULLY. COMPLETE AND SIGN.

Date: _____

Please fill in the following information pertaining to your tax return.

***Note—Taxpayer is the first name on your tax return. If you are a wife filling this out, please put your information under "Spouse".**

General Information:

Name: (Exactly as it appears on your Social Security Card): _____

Taxpayer's Social Security Number: _____

Spouse's Name (As it appears on Social Security Card): _____

Spouse's Social Security Number: _____

Current Address: _____

Home Number: _____

Work Number: _____ Days or Evenings Taxpayer or Spouse

Cell Number (taxpayer): _____ (spouse) _____

(Please circle which number you would like us to call first. Thank you.)

E-mail address: _____

Taxpayer's Birth Date: _____

Spouse's Birth Date: _____

Taxpayer's Occupation: _____

Spouse's Occupation: _____

Please check your filing status:

Single _____ (Can anyone else claim you as a dependent on their return?) YES NO

Head of Household _____ (Not married, or separated, from your spouse, the LAST 6-months of the year)

Married Filing Joint _____

Married Filing Separate _____ (If married filing separate, we need spouse's social security number and full name as it appears on their social security card):

Spouse's Full Name: _____

Spouse's Social Security #: _____

Qualifying Widow(er) with dependent child _____

Dependent Information: (We will need to make copies of Social Security Cards, please present them to us at this time)

Name (Exactly as it appears on Social Security Card): _____

Social Security Number: _____

Birth Date (month, day and year): _____

Sex: Male _____ Female _____

How many months did this dependent live with you last year? _____

Can anyone else claim this dependent? YES NO

******* If there are any more dependents, please list the required information for each dependent on the back of this sheet. Remember to include all required information. *******

If there are any childcare expenses to claim, please list them on the lines below.

Name and Address of Day Care:

EIN (Employer Identification Number) of Day Care or SS# (if it's an individual person):

Name(s) of child(ren) that day care was provided for:

If more than one child, please list the amount paid in day care for each child:

Total Amount Paid in Day Care Expenses: _____

Student Loan Information:

Any interest paid on a student loan by Taxpayer? If so, amount paid last year:

Any interest paid on a student loan by Spouse? If so, amount paid last year:

Tuition Expenses:

If you, your spouse, or any of your dependents attended a secondary school, we need the name, address and amount that you paid for education last year. If paid by loans, this also counts. We do need to know what year they were attending.

Name of the School: _____

Address: _____

Amount of Tuition: _____

Year: Freshman Sophomore Junior Senior

To qualify for the Hope Credit you, your spouse, or the dependents must be a FULL-TIME student.

E-File – We will call you when your return is completed and you can then come in, pay for it and the e-file papers and we will then transmit your tax return. You will get your refund mailed to your house or directly deposited into your checking or savings account within 2 weeks.

- Refund Mailed:

- Refund Direct Deposited: _____

If Direct Deposited:

Will the account be a **Checking** or **Savings** account? (Please circle choice)

Name of Bank: _____

Account Number: _____

Routing Number: _____

Additional Questions:

Did you or your spouse receive any of the following?

	Unemployment	YES	NO
(Long form)	Gambling winnings	YES	NO
(Long form)	Payment for Jury Duty	YES	NO
(Long form)	1099-C	YES	NO
(Long form)	1099-S	YES	NO
(Long form)	1099-A	YES	NO
(Long form)	1099-Misc.	YES	NO
	Do you own a home?	YES	NO
	If so, do you have a mortgage?	YES	NO
(Long form)	Do you own your own business?	YES	NO
(Long form)	Do you own rental property?	YES	NO

If so, how much did you purchase your home for? _____

What was the closing date? _____

(Long form) - Did you purchase any energy upgrades for your home, such as furnaces/boilers, central AC conditioning, insulation, windows, doors, or skylights? YES NO

Are you or your spouse a volunteer firefighter or ambulance worker? YES NO

If so, what is the name and address of the company?

(Long form) Did you receive Alimony? YES NO

If so, how much for the last year? _____

(Long form) Did you pay Alimony? YES NO

If so, what is the name and Social Security Number of the recipient?

Amount paid in the last year: _____

If you are a teacher, do you have unreimbursed expenses you are writing off? YES NO

If so, how much? _____

Did you or your spouse put money into an IRA for last year? Or will you by April 15th of this year?

YES NO

_____ If so, how much? _____

Did you or your spouse receive Social Security for 2024? YES NO

If so, and you did not bring in the form, how much did you receive monthly?

Do you have any interest earned from a bank account that you did not get a 1099-INT from?

YES NO

If so, how much? _____

What School District do you live in? _____

(PLEASE SIGN HERE)

****I verify that all the information provided is correct****