

## Current Client Information Sheet 2025

### Taxpayer Information: Names as printed on Social Security Card

Taxpayer Name: \_\_\_\_\_ D.O.D: \_\_\_\_\_

Did taxpayer have health insurance from Healthcare.gov Marketplace in 2025? Yes or No

Do you own any Bitcoin or other Crypto currencies? Yes or No

Do you get paid Over Time? Yes or No

Spouse Name: \_\_\_\_\_ D.O.D \_\_\_\_\_

Did spouse have health insurance from Healthcare.gov Marketplace in 2025? Yes or No

Do you own any Bitcoin or other Crypto currencies? Yes or No

Do you get paid Over Time? Yes or No

### Taxpayer Contact Information: List CURRENT address at time of filing.

Street \_\_\_\_\_ Apt # \_\_\_\_\_ P.O. BOX \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone # \_\_\_\_\_ E-mail (required for 2025): \_\_\_\_\_

County of Residence \_\_\_\_\_ School District Name \_\_\_\_\_

### Dependents: Only list dependents to be claimed on 2025 tax return and include children born in 2025

Dependent #1: \_\_\_\_\_ Relationship to Taxpayer: \_\_\_\_\_

# Months Lived Taxpayer/Spouse House During 2025: \_\_\_\_\_ Was Dependent #1 College Student During 2025: Yes or No

Dependent #2: \_\_\_\_\_ Relationship to Taxpayer: \_\_\_\_\_

# Months Lived Taxpayer/Spouse House During 2025: \_\_\_\_\_ Was Dependent #2 College Student During 2025: Yes or No

Dependent #3: \_\_\_\_\_ Relationship to Taxpayer: \_\_\_\_\_

# Months Lived Taxpayer/Spouse House During 2025: \_\_\_\_\_ Was Dependent #3 College Student During 2025: Yes or No

Dependent #4: \_\_\_\_\_ Relationship to Taxpayer: \_\_\_\_\_

# Months Lived Taxpayer/Spouse House During 2025: \_\_\_\_\_ Was Dependent #4 College Student During 2025: Yes or No

**Important Notes/Changes from Last Year?** (i.e. started own business, closed a business, new job, marriage, divorce,etc.)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_