

Check-in for 2025 Tax Return Preparation

rev 1/26

Name

Preferred method for contact: _____ OR _____
Phone _____ Email _____

SECTION 1: Only Check YES if the item pertains to you.

YES

Included documents to prepare a tax return for someone **OTHER** than yourself/spouse.
(e.g., son, daughter, mom, dad, etc) : _____

Included documents for a tax return **prior to 2025** to be reviewed, prepared or amended.

Included documents for my business or other activity that requires a **SEPARATE** tax return.
(LLC, business, trust, business property tax listing) Name: _____

Included my IP (Identity Protection) PIN number(s). ****Mailed to me by the IRS.****

Included a memory stick containing information for my tax return(s).

Included a memory stick with a QuickBooks file: Version _____ (PW: _____)

Have QuickBooks Online: Username: _____ PW: _____

I have subsidized health insurance and have included my Marketplace Statement **FORM 1095-A**.
(Log on to healthcare.gov/tax-form-1095/ to download your form.)

I may want to make a retirement plan contribution (IRA, ROTH, SEP, 401(k)) before the deadline,
April 15, 2026. Please let me know my options.

I have **additional** documents to bring in.
(e.g., corrected investment statement, K-1s, rental property information, etc.)
****(Please indicate what are they and when you expect to receive them.)****

Direct **Deposit** - my **Tax** refund(s)

Direct **Draft** - my **Tax** payment(s)

Use the same bank information as last year

Enter NEW bank information here or provide a voided check:

Name of Bank

Routing Number

Account Number

NEW CLIENTS ONLY

Referred by:

SECTION 2: NEW CLIENTS - Fill out completely.

RETURNING CLIENTS - **Only fill in any CHANGES for 2025.**

Name (first, mi, last)	Social Security Number	Date of Birth	Occupation
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Spouse Name (first, mi, last)	Social Security Number	Date of Birth	Occupation
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Home address (street, city, state, zip)

Your Dependents (children and others living in your household)

Name (first, mi, last)	Social Security Number	Date of Birth	Relationship to you
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Name (first, mi, last)	Social Security Number	Date of Birth	Relationship to you
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Contact Information

Your work phone	Your cell phone	Spouse work phone	Spouse cell phone	Home phone
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Your email address

Spouse email address

SECTION 3: REVIEW TAX RETURNS **BE SURE WE HAVE YOUR CORRECT EMAIL ADDRESS**

YES NO

I would like to review a copy of my tax return before it is finalized.
(You will be provided a password for viewing)

SECTION 4: FINAL TAX RETURN - Indicate how you would like a copy of your final returns.

(You may choose more than one option)

<input type="checkbox"/> Print a paper copy - I will pick up	<input type="checkbox"/> Email a pdf copy of the final return
<input type="checkbox"/> Print a paper copy - mail to me (Charge for postage will be added to your invoice)	<input type="checkbox"/> Put a pdf copy on my memory stick (provided)

SECTION 5: REQUIRED DECLARATIONS - ONLY check boxes that apply to you.

For the Year January 1, 2025 to December 31, 2025

I have:

No virtual currency transactions. **-OR-** Included information for my virtual currency transactions.

I have:

No foreign bank accounts. **-OR-** Included information for my foreign bank accounts.

****YOU MUST SIGN AND DATE TO VERIFY THE DECLARATIONS.****

Your signature

Date