

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 3: 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 4: 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 5: FINAL TAX RETURN - Indicate how you would like a copy of your final returns.
(You may choose more than one option)

☐ Print a paper copy - I will pick up ☐ Email a pdf copy of the final return
☐ Print a paper copy - mail to me ☐ Put a pdf copy on my memory stick (provided)
(Charge for postage will be added to your invoice)

SECTION 6: 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