



## 2024 Client Information Worksheet

Taxpayer's Name(s): \_\_\_\_\_

Phone: \_\_\_\_\_

Current Address: \_\_\_\_\_  
\_\_\_\_\_

Email: \_\_\_\_\_

***For identity verification purposes, please provide a copy of your/your spouse's driver's license.***

- |   | <u>YES</u> | <u>NO</u> |
|---|------------|-----------|
| 1. Did you move in <u>2024</u> ?<br>> <b><i>If YES</i></b> : From State: _____ To State: _____ Date Moved: _____  | _____      | _____     |
| 2. Did you refinance, buy, or sell a home in <u>2024</u> ?<br>> <b><i>If YES</i></b> , provide the closing disclosure statement.  | _____      | _____     |
| 3. Did you WORK in a different state than you lived in <u>2024</u> ?  | _____      | _____     |
| 4. Did your filing status change in <u>2024</u> ?<br>> <b><i>If YES</i></b> : From: _____ To: _____   | _____      | _____     |
| 5. Did you have health insurance through the marketplace exchange in <u>2024</u> ?<br>> <b><i>If YES</i></b> , provide 1095A.   | _____      | _____     |
| 6. Was there a change in dependents in <u>2024</u> ?<br>> <b><i>If YES</i></b> : To <b><i>add</i></b> a dependent, provide a <b><u>copy</u></b> of SS card & birth certificate.<br>To <b><i>remove</i></b> a dependent, provide their name & reason:<br>_____ | _____      | _____     |
| 7. Did you have any childcare expenses in <u>2024</u> ?<br>> <b><i>If YES</i></b> , provide name, EIN#, and address of provider, as well as amount paid for <b>each</b> child.<br><i>Space provided on 2<sup>nd</sup> page.</i>                               | _____      | _____     |
| 8. Did you or a dependent attend college full-time ( <i>6 credits</i> ) for at least one semester in <u>2024</u> ?<br>> <b><i>If YES</i></b> , provide 1098T.   | _____      | _____     |
| 9. Did you make any contributions/withdrawals from a 529 plan in <u>2024</u> ?<br>> <b><i>If YES</i></b> , please provide.  | _____      | _____     |
| 10. Did you make any contributions/take distributions from an HSA in <u>2024</u> ?<br>> <b><i>If YES</i></b> , provide 1099SA for distribution OR contribution amounts.   | _____      | _____     |
| 11. Did you contribute to an IRA in <u>2024</u> ?<br>> <b><i>If YES</i></b> , circle TRADITIONAL or ROTH <b>and</b> provide amount and for which taxpayer:<br>_____   | _____      | _____     |
| 12. Did you make any energy efficient home improvements in <u>2024</u> ?<br>> <b><i>If YES</i></b> , please provide receipt(s).   | _____      | _____     |
| 13. Do you own a business?<br>> <b><i>If YES</i></b> , fill out the <a href="#">Self-Employed Worksheet</a> .   | _____      | _____     |
| 14. Do you own a rental property?<br>> <b><i>If YES</i></b> , fill out the <a href="#">Rental Worksheet</a> .   | _____      | _____     |

**PLEASE GO TO 2<sup>ND</sup> PAGE**



**2024 Client Information Worksheet Continued**

Please provide the following bank information **OR** a voided check:

Name of Bank: \_\_\_\_\_ Checking OR Savings

Routing Number: \_\_\_\_\_ Account Number: \_\_\_\_\_

**IF NOT PROVIDED, ANY REFUNDS WILL BE MAILED AS A CHECK.**

Picket Fence Tax Service Inc. will prepare your tax return based on the information you provided us. We are not responsible for the validity of the information you provide. By signing below, you agree to provide us with the information necessary to prepare the appropriate forms. You have the final responsibility for your income tax returns. Please review them carefully before you sign and/or mail them. 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.

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

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

**IF YOU ARE A NEW CLIENT, PLEASE PROVIDE COPIES OF THE FOLLOWING:**

1. 2023 Tax Return
2. Occupations, if not listed on prior year return.
3. Social Security card and Driver's License for identity purposes.
4. Dependent name(s), relation, social security number, and date(s) of birth in boxes below.

Name	Relation	Social Security	Date of Birth

**Child Care Information**

Child's Name	Provider Name	Provider EIN	Provider Address	Amount Paid