



(Please Print)

## TAXPAYER(S) INFORMATION

NEW CLIENT?

 Y  N

Taxpayer Name:	Taxpayer Occupation:	Taxpayer Date of Birth (if new):	Taxpayer SSN (if new):	
Spouse's Name (if applicable):	Spouse's Occupation (if applicable):	Spouse's Date of Birth (if new):	Spouse's SSN (if new):	
Marital Status: Single <input type="checkbox"/> Married <input type="checkbox"/> Div <input type="checkbox"/> Sep <input type="checkbox"/> Widow <input type="checkbox"/>		Did your marital status change during the year? <input type="checkbox"/> Y <input type="checkbox"/> N		
Email Address(es):		Cell Phone:	Other Phone:	
Home Address:		Preferred Method of Contact:		
		Cell Phone <input type="checkbox"/>	Other Phone <input type="checkbox"/>	Email <input type="checkbox"/>
Did your address change during the year? Date moved: <input type="checkbox"/> Y <input type="checkbox"/> N		Did you work in a different state than you lived? <input type="checkbox"/> Y <input type="checkbox"/> N		
Did you refinance, buy, or sell a home in 2025? <i>If YES, please provide closing disclosure(s).</i>		<input type="checkbox"/> Y <input type="checkbox"/> N		
Did you make any energy efficient home improvements in 2025? <i>If YES, please provide receipt(s).</i>		<input type="checkbox"/> Y <input type="checkbox"/> N		

## HEALTH

Did you purchase health insurance from the Healthcare.gov Marketplace, in which the government paid an advance premium tax credit directly to your insurance company to lower your monthly cost? <i>If YES, include Form 1095-A.</i>	<input type="checkbox"/> Y <input type="checkbox"/> N
Did you or your spouse participate in a Health Savings Account (HSA) or other Medical Savings Account outside of your employer(s)? <i>If YES, provide the total amount of contributions.</i>	<input type="checkbox"/> Y <input type="checkbox"/> N
Did you take any distributions from an HSA? <i>If YES, please provide Form 1099SA.</i>	<input type="checkbox"/> Y <input type="checkbox"/> N

## DEPENDENTS AND CHILD CARE

Name (Last, First)	Relationship (if new)	Date of Birth mm/dd/yyyy (if new)	Social Security Number (if new)	Months Lived With You	Full-Time Student	Provided More than Half of the Support
					<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
					<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
					<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
					<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
Did you pay any child/dependent care expenses in 2025 for a child under 13 years old? <i>If YES, complete the following:</i>						<input type="checkbox"/> Y <input type="checkbox"/> N
Child's Name:	Name of Provider:	Provider Address:		Provider EIN/Social Security Number:		Amount Paid:

## EDUCATION

Did you, your spouse, or a dependent incur any tuition, fees or book expenses that were required to attend college, university or vocational school in 2025? <i>If YES, attach 1098-T and support for expenses.</i>	<input type="checkbox"/> Y <input type="checkbox"/> N
Did you, your spouse or dependent receive a distribution from a 529 Plan or Education Savings Plan in 2025? <i>If YES, attach Form 1099-Q.</i>	<input type="checkbox"/> Y <input type="checkbox"/> N
Did you make any contributions to a 529 Plan or Education Savings Plan in 2025? <i>If YES, attach support. What state?</i> _____	<input type="checkbox"/> Y <input type="checkbox"/> N
Did you pay any Student Loan Interest in 2025? <i>If YES, attach Form 1098-E.</i>	<input type="checkbox"/> Y <input type="checkbox"/> N

## INCOME

Did you receive any income from employment as an employee? <i>If YES, attach Form W-2.</i>	<input type="checkbox"/> Y <input type="checkbox"/> N
Did you receive tips OR overtime compensation? <i>If YES, attach supporting documentation from your employer(s).</i>	<input type="checkbox"/> Y <input type="checkbox"/> N
Did you receive any Unemployment Compensation in 2025? <i>If YES, attach 1099-G.</i>	<input type="checkbox"/> Y <input type="checkbox"/> N
Did you receive any Social Security benefits during 2025? <i>If YES, attach Form SSA-1099.</i>	<input type="checkbox"/> Y <input type="checkbox"/> N
Did you receive Interest Income from a savings account or dividends from mutual funds/investments? <i>If YES, attach Form 1099-INT and/or 1099-DIV.</i>	<input type="checkbox"/> Y <input type="checkbox"/> N
Did you sell any Stocks/Investments in 2025? <i>If YES, attach 1099-B.</i>	<input type="checkbox"/> Y <input type="checkbox"/> N
Did you have any gambling winnings or losses, including lottery, bingo and raffles? <i>If YES, attach W2-G.</i>	<input type="checkbox"/> Y <input type="checkbox"/> N
Did you receive, sell, exchange or dispose any virtual currency? <i>If YES, please provide documentation.</i>	<input type="checkbox"/> Y <input type="checkbox"/> N
Did you receive rent from real estate or other property? <i>If YES, please complete the rental worksheet (<a href="#">ACCESS HERE</a>).</i>	<input type="checkbox"/> Y <input type="checkbox"/> N
Did you receive self-employed income? <i>If YES, please complete the self-employment worksheet (<a href="#">ACCESS HERE</a>).</i>	<input type="checkbox"/> Y <input type="checkbox"/> N



## RETIREMENT

Did you or your spouse receive payments/distributions from a retirement plan such as a pension, 401K, IRA) or plan to? <b>If YES, attach Form 1099-R.</b>	<input type="checkbox"/> Y <input type="checkbox"/> N
Did you make any contributions <u>outside of your employer</u> to a retirement plan in 2025? <b>If YES, please provide type, amount, and for who.</b>	<input type="checkbox"/> Y <input type="checkbox"/> N
Did you convert an IRA to a Roth IRA or perform a Backdoor Roth IRA in 2025? <b>If YES, please describe and provide documentation.</b>	<input type="checkbox"/> Y <input type="checkbox"/> N

## MISCELLANEOUS

Did you finance a new vehicle in 2025? *If YES, please provide the vehicle's VIN (on provided line), the purchase agreement, and a statement showing the total interest paid in 2025.* \_\_\_\_\_  Y  N

Did you make any estimated tax payments in 2025? If yes, please provide details below.  Y  N

Date Paid	Amount Paid	IRS, MD, or Other State	Date Paid	Amount Paid	IRS, MD, or Other State

Did you receive or request a six-digit Identity Protection PIN number from the IRS? **If YES, please provide.**  Y  N

The IRS is phasing out paper refund checks over the next year. If receiving a refund, would you like a direct deposit (paper check will take 6 weeks to receive)? **If YES, please provide your banking information below.**

The IRS is phasing out their ability to accept payment checks. If you have a balance due, would you like auto withdraw from your account (will be discussed further during return completion)? ***If YES, please provide your banking information below.***

Name of Bank	Bank Routing Number	Bank Account Number	Account Type
			<input type="checkbox"/> Checking <input type="checkbox"/> Savings

## FILING QUESTIONS

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

**2024 Tax Return  
Social Security Card and Driver's License  
(for identity verification purposes)**

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: