



CLIENT INFORMATION

TAXPAYER

Full Legal Name \_\_\_\_\_

Social Security # \_\_\_\_\_

Date of Birth \_\_\_\_\_

Check box if Legally Blind

Drivers License # \_\_\_\_\_ State: \_\_\_\_\_

Issue Date: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Occupation \_\_\_\_\_

Email Address \_\_\_\_\_

Cell Phone \_\_\_\_\_

Home Phone \_\_\_\_\_

Street Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Filing Status:  Single  Married - Joint  Married - Separate  Head of Household

If additional information is required, please list the name of the preferred contact:

\_\_\_\_\_

Preferred method of contact:  Email  Cell Phone  Home Phone

SPOUSE

Full Legal Name \_\_\_\_\_

Social Security # \_\_\_\_\_

Date of Birth \_\_\_\_\_

Check box if Legally Blind

Drivers License # \_\_\_\_\_ State: \_\_\_\_\_

Issue Date: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Occupation \_\_\_\_\_

Email Address \_\_\_\_\_

Cell Phone \_\_\_\_\_

• If you will be receiving a **REFUND**:

- Would you like to apply the overpayment to the next year?  Yes  No
- Would you like the refund to be directly deposited into a bank account?  Yes  No

If **yes**, please provide the following along with a **VOIDED CHECK**:

Routing # \_\_\_\_\_ Account # \_\_\_\_\_

Financial Institution: \_\_\_\_\_ Type of Acct:  Checking  Savings

• Please list the dependents who lived with you at least half of the year:

First Name, Middle Initial, Last Name:	DOB:	SSN:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

\*\*If you are claiming a dependent that did not live with you at least half of the year, please provide a signed **Form 8332** from the custodial parent releasing the exemption to you.

- Did you or your spouse make a student loan payment(s)?  Yes  No
- If **yes**, is the repayment plan income based?  Yes  No

• Have you or your spouse made an IRA Contribution?

	<u>Contribution Amount</u>	<u>Traditional</u>	<u>ROTH</u>	<u>SEP/SIMPLE</u>
Taxpayer _____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spouse _____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- Did you or anyone in your household receive health insurance benefits from the Insurance Marketplace? (Healthcare.gov)  Yes  No

If **yes**, include Form 1095-A received

• Did you make estimated tax payments during the year?

Yes  No

If **yes**, please list the date and amount.

	Date	Federal	State _____	State _____
1st Qtr:	_____	_____	_____	_____
2nd Qtr	_____	_____	_____	_____
3rd Qtr:	_____	_____	_____	_____
4th Qtr:	_____	_____	_____	_____

• Are you a Kindergarten through grade 12 teacher, instructor, counselor, principal, or aide employed for 900 hours during 2025?

Yes  No

If **yes**, include amount of unreimbursed expenses for books, supplies, equipment, and materials.

\_\_\_\_\_

• Did you or your spouse receive any overtime or tips?

Yes  No

If **yes**, include the last paystub received for 2025.

• Did you purchase a new vehicle manufactured in the United States?

Yes  No

If **yes**, include VIN number and amount of interest paid in 2025.

VIN # \_\_\_\_\_ Interest Paid \_\_\_\_\_

• Did you or your spouse receive unemployment benefits?

Yes  No

If **yes**, include Form 1099-G received

• Did you pay county property taxes on your residence?

Yes  No

If **yes**, include the real estate tax bill.

• At any time during the year, did you receive, sell, exchange, or otherwise dispose of a digital asset (Bitcoin, Ethereum, etc.)?

Yes  No

• Did you receive gambling winnings/proceeds during the tax year?

Yes  No

If **yes**, include Form W-2G

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Taxpayer Signature

\_\_\_\_\_  
Spouse Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date