TAXPAYER INFORMATION **(Information must match Social Security Card)**

				*new client only Birth Date
***Taxpayer Name:**		Occupation:		
Spouse Name:		Occupation:		
Phone Numbers: (Day)		(Cell)		

Mailing Address: ______________________ County:

Contact's email address: ______________________ Date Moved last year: _______________

***Filing Status:** (S, HH, MJF, MFS, QSS) [ ] *If MFS, # of Months lived with spouse this year (12 or less): [ ]

S-Single, **HH**-Head of Household, **MFJ**-Married Filing Joint, **MFS**-Married Filing Separate, **QSS**-Qualifying Surviving Spouse with dependent child

DEPENDENTS **(Information must match Social Security Card)** ***** Provide proof of residence for each*****

	Name: (first and last)	*new child only Social Security #	*new child only Birth Date	Lived with you more than half of 2025 YES/NO	Full Time Student YES / NO	Relationship	Income	Dependent / Child Care
1							$	$
2							$	$
3							$	$
4							$	$

[ ] Form 8332 for noncustodial parent, signed by custodial parent Relationship: Son, Daughter, Parent, Relative, Other

***Do you, spouse or dependent(s) require an IP PIN? (Circle one) YES / NO (Must attach letter/notification from IRS)**

***Did you have health insurance through the marketplace? (Circle One) YES / NO**

***Did you receive, sell, exchange, or otherwise dispose of a digital asset? (Circle One) YES / NO**

***Did you receive a form 1099 DA? (Circle One) YES / NO (1099 DA)**

INCOME √ If received - Must include documentation

- [ ] Wages (W 2)
- [ ] Interest / Dividend (1099 INT / 1099 DIV)
- [ ] IRA / Pension Distribution (1099R)
- [ ] Social Security Benefits (1099 SSA)
- [ ] Stock Sales (1099 B and Please provide purchase date and adjusted cost amount)
- [ ] Business / Rental Activity (1099 NEC, MISC, K , **see worksheet**)
- [ ] Schedule K-1
- [ ] Unemployment Compensation (1099 G)
- [ ] Gambling / Lottery Winnings (W-2 G)
- [ ] Other: Jury Duty Pay / Prizes / Barter / 1099 A,C,Q

***Did you sale a home? (Circle one) YES / NO (1099S, settlement statement & adjusted cost basis)**

ADJUSTMENTS TO INCOME √ If paid - Must include documentation

- [ ] Educator Expenses (receipts with grand total)
- [ ] Self Employed Health Insurance Premiums / HSA (1099 SA)
- [ ] Moving Expenses (Military only)
- [ ] IRA / ROTH / SEP Contributions (annual statement, 5498)
- [ ] Student Loan Interest (1098 E)

ITEMIZED DEDUCTIONS √ If paid - Must include documentation

- [ ] Medical & Dental (paid out of pocket only, **see worksheet)**
- [ ] Real Estate Taxes (1098 or Tax statement)
- [ ] Ad Valorem Taxes (Vehicle Registration)
- [ ] Mortgage Interest / Points (1098)
- [ ] Cash Charitable Donations (letter from organization)
- [ ] Non Cash Charitable Donations (receipts from org with list of items)
- [ ] Charitable Miles Driven: [ ] (provide total)
- [ ] Gambling (Lottery) losses / Casualty (theft) Losses (receipts)

***Did you purchase or refinance your home? (Circle one) YES / NO (settlement statement)**

ADDITIONAL DEDUCTIONS √ If paid - Must include documentation

- [ ] Qualified Tips (W-2 box 12 TP)
- [ ] Qualified Overtime Pay (W-2 box 12 TT)
- [ ] Qualified Passenger Vehicle Loan Interest (1098-VLI)

CREDITS √ If apply - Must include documentation

- [ ] Higher Education (1098T, receipts for books and supplies)
- [ ] New or Previously Owned Clean Vehicle (bill of sale)
- [ ] Residential Energy Efficient Home Improvements (vendor invoice)
- [ ] Qualified Electric Vehicle (bill of sale)

***Do you owe IRS, State Govt, Student Loans, Child Support? (Circle all that apply or NONE)**

***Did you receive any letters/notices? (Circle One) YES / NO If YES, attach documents**

***Did you make any payments for federal income taxes? (Circle One) YES / NO / N/A**

***Did you make any payments for state income taxes? (Circle One) YES / NO / N/A If yes, enter total $**

***Did you receive any income tax refunds from: Federal? (Circle One) YES / NO / N/A State? (Circle One) YES / NO / N/A**

Banking Information: Routing Transit #: [ ] Depositor Account #: [ ]

Type of Account (Circle one): Checking / Savings

QUESTIONS / CONCERNS YOU HAVE: ______________________________

By signature below, I acknowledge that the enclosed information is correct and includes all income and expenditures necessary for preparing an accurate return.

***Taxpayer:** ______________________ **Date:** __________ **Spouse:** ______________________ **Date:** __________

OFFICE USE ONLY

[ ] **Copy of last 2 tax return filed** (new clients only)

ID % of AGI _____

Compare prior ITR:

Plans for next year:

Referred By:

Recommendations: [ ] EST payments

Date In / Via

Preparation:

Complete / RTD:

Call to finalize: