

Date dropped off _____

Copies of Drivers Licenses attached Y N

Receive return via portal (E-Delivery) Y N

Real Estate Taxes Paid in 2024 on personal residence \$ _____

YOUR NAME NEEDS TO MATCH WHAT IS ON YOUR SECURITY CARD

TAXPAYER

SPOUSE

Name _____
 SS# _____ DOB _____
 Occupation _____
 Phone # _____
 Email: _____
 Preferred Contact Method? Circle One: Text Email Phone-Call

Name _____
 SS# _____ DOB _____
 Occupation _____
 Phone # _____
 Email: _____

Present Address _____

What School District Did You Live In? 1st _____ Months In 2024? Start _____ End _____
 2nd _____ Months In 2024? Start _____ End _____

Did You Live In The City Limits? 1st _____ Months In 2024? Start _____ End _____
 2nd _____ Months In 2024? Start _____ End _____

Filing Status? Circle One Single Married filing Joint Married filing Separate Head of Household

Can anyone claim you or your spouse as a Dependent? YES _____ NO _____

Dependents that you are claiming for 2024. Do not list Yourself or Spouse	Birthdate	Social Security #	# months they lived with you	Relationship	disabled?	high school student?	**** college student?
_____	_____	_____	_____	_____	y / n	y / n	y / n
_____	_____	_____	_____	_____	y / n	y / n	y / n
_____	_____	_____	_____	_____	y / n	y / n	y / n
_____	_____	_____	_____	_____	y / n	y / n	y / n
_____	_____	_____	_____	_____	y / n	y / n	y / n

***** If a college student in 2024, please include all Form 1098-T's (usually issued in your child's name & can be obtained thru Students College Portal).

Will any of the dependents above file their own tax return? Y or N List names _____

Did you incur any qualified child care expenses in 2024 YES _____ NO _____ Amount \$ _____ Attach care provider statement !!!!!

Did you or do you plan on contributing to an IRA, SEP, KEOGH OR SIMPLE PLAN for tax year 2024? Y or N

In 2024, did you receive, sell, send, exchange or otherwise acquire any financial interest in a **Virtual (Crypto) Currency**? Y or N

In 2024, did you have a financial interest in or signature authority over a financial account in a Foreign Country? Y or N

If you have Health Insurance coverage in 2024 thru the Health Care Exchange, You must provide Form 1095A:

	QTR	Federal	State	Local
If you pay quarterly estimated taxes, did you pay all of the estimates that we sent you? Y or N	LIST AMTS	1st _____	_____	_____
		2nd _____	_____	_____
		3rd _____	_____	_____
		4th _____	_____	_____

Please provide a Voided Check or Verification of your bank account if you would like your Refund Direct Deposited.

Name of Your Bank _____ Account # _____ Checking Savings

Routing Number _____

Client Signature: _____ Date _____