

## Client Information Sheet

**Check  the box to indicate same as prior year.**

Tax Year \_\_\_\_\_

Taxpayer \_\_\_\_\_ DOB \_\_\_\_\_ SS# \_\_\_\_\_

Spouse \_\_\_\_\_ DOB \_\_\_\_\_ SS# \_\_\_\_\_

Current address: \_\_\_\_\_

If filing state return, Taxpayer State \_\_\_\_\_ License # \_\_\_\_\_ Issue Date \_\_\_\_\_ Exp Date \_\_\_\_\_

If filing state return, Spouse's State \_\_\_\_\_ License # \_\_\_\_\_ Issue Date \_\_\_\_\_ Exp Date \_\_\_\_\_

### Contract Information

Home phone \_\_\_\_\_  Cell \_\_\_\_\_  Work \_\_\_\_\_

Taxpayer email \_\_\_\_\_  Spouse email \_\_\_\_\_

Dependents (or persons living in your household eligible to be claimed)

Name \_\_\_\_\_ DOB \_\_\_\_\_ SS# \_\_\_\_\_

Name \_\_\_\_\_ DOB \_\_\_\_\_ SS# \_\_\_\_\_

Name \_\_\_\_\_ DOB \_\_\_\_\_ SS# \_\_\_\_\_

Are any of the above at least part time college students? \_\_\_\_\_

### General Questions

Did you or your spouse receive Unemployment in 2025? **If yes, provide statement**  Yes  No

Did you **buy and/or sell a house** in 2025? **If yes, provide closing statement**  Yes  No

Did you **buy or sell any stock** in 2025? **If yes, provide 1099**  Yes  No

Did you buy, sell, exchange, or send any **virtual currency**? **If yes, provide document**  Yes  No

Did you start a **new business or rental property** this year? **If yes, provide documents**  Yes  No

Did you buy any **clean energy new or used vehicle**? **If yes, provide registration**  Yes  No

Did you buy a **new car assembled in USA** in 2025 and finance it? **If yes, provide documents**  Yes  No

Did you install any **alternative energy equipment** in your residence such as a solar water heater, solar electricity equipment (photovoltaic) or fuel cells? **If yes, provide the certificate**  Yes  No

Did you install any **alternative energy** improvements or energy property in your residence? **If yes provide details**  Yes  No such as exterior doors, windows, insulation, central air conditioning or water heater? **If yes provide details**

**Please continue on reverse side**

Did you pay <b>sales tax</b> on any major purchases in 2025?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Did you pay for <b>childcare</b> while you worked or looked for work? <b>If yes provide details</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Did you donate to a <b>qualified charity</b> ? (Go Fund Me or Personal do not apply)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Were you or any dependents enrolled at least part time in any <b>higher education</b> ? <b>If yes, provide Form 1098-T (Tuition)</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Did you make any <b>gifts</b> over \$19,000 to any individual in 2025?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have a <b>medical or health saving account</b> ? <b>If yes, provide statement</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have a <b>foreign bank</b> account?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Did you or your dependents become <b>disabled</b> during the year? <b>If yes, provide doctor certification</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Did you have <b>marketplace health insurance</b> during 2025? <b>If yes, provide Form 1095A</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Were you notified by the IRS or your State of any <b>changes to a tax return</b> ? <b>If yes, provide letter</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Were you paid <b>overtime</b> or receive any <b>tips</b> during 2025? <b>If yes, provide last pay stub</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If you are 73 or older, have you started your <b>mandatory retirement withdraws</b> ?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Did you bring us <b>all tax forms</b> (W-2, 1099's etc) you received for income in 2025?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you anticipate any significant <b>changes in income</b> in <b>2026</b> ?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Please explain \_\_\_\_\_

### Preferences

Refund from IRS  Direct Deposit  IRS issued credit card  
 Balance Due to IRS  Direct Debit  Mail in check

### Bank Account information for IRS withdraw or deposit

Bank name \_\_\_\_\_  Account type - Checking \_\_\_\_\_ Saving \_\_\_\_\_ Joint \_\_\_\_\_  
 Account number \_\_\_\_\_  Routing number \_\_\_\_\_

Did you pay quarterly estimated income tax payments (Not payroll taxes)

1 <sup>st</sup> Estimated Payment Date _____	Amount Paid _____
2 <sup>nd</sup> Estimated Payment Date _____	Amount Paid _____
3 <sup>rd</sup> Estimated Payment Date _____	Amount Paid _____
4 <sup>th</sup> Estimated Payment Date _____	Amount Paid _____

The information and documents provided are, to the best of my knowledge, true, correct and complete.

Taxpayer _____	Date _____
Signature _____	
Taxpayer _____	Date _____
Signature _____	