

TAX PREPARATION CLIENT DATA SHEET AND CHECKLIST

Taxpayer 1:

Legal Name _____

Occupation _____ Military ☐ Student ☐

SSN _____ Birthdate _____

Phone _____ OK to Text? ☐

E-Mail _____

Dependent of Another ☐ Give \$3 to Presidential Fund ☐

Current Mailing Address: _____

☐ Check if Taxpayers 1&2 lived apart during the year. If so, did you live together any day after June 30th? ☐ Yes ☐ No

☐ Taxpayer(s) had medical insurance all year. Provide 1095-A, 1095-B, or 1095-C received from your insurance company.

☐ Taxpayer(s) paid additional estimated Federal or State taxes last year. (Do not include amounts reported on a W2).

☐ Taxpayer(s) were a resident of and/or earned income from multiple states during the year. Which states? _____

☐ Taxpayer(s) are looking for relief for past due tax debt with the IRS or state?

☐ Wage Statement – W-2s

☐ Social Security or SSDI Income

☐ Tips or Other Income

☐ 1099-NEC or 1099-MISC

☐ Received Interest (1099-INT)

☐ Received Dividends (1099-DIV)

☐ Sold Stocks/Bonds (1099-B)

☐ Pension or Retirement Income

☐ Received Unemployment

☐ Received Personal 1099-K

☐ Bought or Sold a home (1099-S)

☐ Alimony (Paid or Received)

☐ Own Active Rental Property

☐ Sold a Business Asset

☐ Farm Income

☐ Gambling Winnings/Loss (W2-G)

☐ Bought/Sold Cryptocurrency

☐ Military Ordered Moving Expenses

☐ Contributed to IRA or 529 Plan

☐ Debt Cancellation (1099-C)

☐ Paid a Mortgage or HELOC (1098)

☐ Medical & Dental Expenses

☐ Educator Classroom Expenses

☐ Paid Student Loans (1098-E)

☐ Paid Real Estate Taxes

☐ Paid Personal Property Excise Tax

☐ Charity or Religious Contributions

☐ Significant Disaster Loss or Theft

☐ Supported Dependents or Others

*** Enter dependent info on back >>>

Are you self-employed or have a side-hustle, either FT or PT? ☐ Yes ☐ No If yes, provide related income & expenses.

☐ You or your spouse drove your personal vehicle for Uber, Lyft, Grub Hub or any other such service. (Mileage Log)

☐ You or your spouse are a member or owner of an LLC, Partnership, S-Corp, C-Corp or any other business entity. (K1)

Would you like your refund deposited into your bank account or used to purchase savings bonds? ☐ Yes ☐ No

If no, the IRS and/or state(s) will mail a refund check to the address shown on your tax return.

☐ Checking ☐ Savings Bank _____ Routing # _____ Acct # _____

☐ Savings Bond (*Federal Refund Only*) Amount of Refund Allocated to Savings Bond Purchase, \$50 increments: _____

☐ Check this box if you opt to receive your final tax return copy via secure online portal.

Portal will be set up using the e-mail address(es) listed above. If this box is not checked, we will prepare a paper copy of your tax return upon completion. You can pick up the final copy in the office or we can mail it to you via USPS mail service. Postage fees will apply for mailed copies.

By signing below, I/we certify that I/we would like my/our taxes prepared according to the information provided here.

Taxpayer 1 Signature _____ Date: _____ ☐ Has an IRS IP PIN

Taxpayer 2 Signature _____ Date: _____ ☐ Has an IRS IP PIN

A dependent, for tax purposes, can be a qualifying child, relative, or other person who relies on you for financial support and meets certain requirements.

	Dependent 1	Dependent 2	Dependent 3	Dependent 4
Legal Name				
Birthdate				
Social Security #				
Relationship to Taxpayer(s)				
Could anyone else qualify to claim this dependent? Y or N				
Did you allow anyone else to claim this dependent in '24?				
# Months Lived in Your Household in 2024				
Note: You may not claim the (A)CTC or ODC for a child living in your home for less than 6 mos. There is an exception for temporary absences, such as living on campus while in college.				
College Student Status: FT – PT – None?				
Employed? FT – PT – None?				
Files a Tax Return? Y or N				
To ensure your tax return is not negatively affected by costly errors, we offer to prepare necessary tax returns for dependents listed on your tax return at no additional cost.				
Disabled? Y or N				
Daycare / Eldercare Expense	\$	\$	\$	\$
# of Months with Health Insurance Coverage in 2024				
United States Citizen? Y or N				

You may qualify for certain tax credits, increased standard deduction, or filing status based on the dependent information listed above, including the following:

☐ Earned Income Credit ☐ Child Tax Credit ☐ Additional Child Tax Credit ☐ Other Dependent Credit ☐ American Opportunity Tax Credit ☐ Head of Household.

Were any of these tax credits disallowed or reduced by the IRS in a prior year? (You would have received a notice from the IRS) ☐ Yes ☐ No

Can you provide documentation, if required, to substantiate your eligibility for these tax credits and/or Head of Household filing status? ☐ Yes ☐ No

Documentation examples include (but not limited to) the following: Birth Certificate, School Records, Medical Records, Child Care Provider Statement, Social Service Records or Statement, Place of Worship Statement, Household Receipts, Tuition Statements, and more.