



Phone: 443-328-6609 | Email: taxfile@casacct.com

174 Klee Mill Road

Sykesville, MD 21784

### TAXPAYER INFORMATION

Please complete or update this form annually. Upload it to your portal with your tax preparation documents. All completed returns will be issued through our Secure Portal, therefore please verify that you have provided/updated your personal email address.

Are you new client? \_\_\_\_\_ Filing Status: \_\_\_\_\_

Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Home address: \_\_\_\_\_

If you utilize a Federally issued ID PIN, please enter it here: \_\_\_\_\_

Spouse Information (if applicable):

Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Banking Information for Direct Deposit (or upload a voided check; must be a joint account): Bank Name: \_\_\_\_\_

Checking or Savings Account: \_\_\_\_\_

Account Number: \_\_\_\_\_

Routing Number: \_\_\_\_\_

Change in marital status in 2025? \_\_\_\_\_

Please use this section to provide relevant information regarding change and date of marital status:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Healthcare: Do you or your spouse receive government funded health insurance? \_\_\_\_\_

\*Note: 1095-B and 1095-C not required for filing.

## DEPENDENT INFORMATION (IF NOT APPLICABLE, MOVE TO NEXT PAGE)

New Clients: If you have more than two dependents, please record them below. Any additional dependents can be entered in the "Additional Information" section at the end of this form:

Dependent #1: *Dependent's name:* \_\_\_\_\_

*Dependent's SSN:* \_\_\_\_\_

*Dependent's DOB:* \_\_\_\_ / \_\_\_\_ / \_\_\_\_

*Dependent's relationship to you:* \_\_\_\_\_

Dependent #2: *Dependent's name:* \_\_\_\_\_

*Dependent's SS#:* \_\_\_\_\_

*Dependent's DOB:* \_\_\_\_ / \_\_\_\_ / \_\_\_\_

*Dependent's relationship to you:* \_\_\_\_\_

> Current Clients: Change in dependents you are claiming in 2025? \_\_\_\_\_

Welcomed a new child:

*Child's name:* \_\_\_\_\_ *Child's SSN:* \_\_\_\_\_

*Child's relationship to you:* \_\_\_\_\_ *Child's DOB:* \_\_\_\_ / \_\_\_\_ / \_\_\_\_

*Could another taxpayer qualify to claim this dependent?*

Previous dependent no longer being claimed:

*Dependent's name:* \_\_\_\_\_ *Dependent's SSN:* \_\_\_\_\_

*Dependent's reason for no longer being claimed:* \_\_\_\_\_

New dependent (i.e., if you are claiming a parent/grandchild/etc. as a dependent):

*Dependent's name:* \_\_\_\_\_ *Dependent's SSN:* \_\_\_\_\_

*Dependent's DOB:* \_\_\_\_ / \_\_\_\_ / \_\_\_\_ *Dependent's relationship to you:* \_\_\_\_\_

*Could another taxpayer qualify to claim this dependent?*

Claiming a shared dependent (e.g. dependents whose guardians share custody and switch off claiming):

*Dependent's name:* \_\_\_\_\_ *Dependent's SSN:* \_\_\_\_\_

*Dependent's DOB:* \_\_\_\_ / \_\_\_\_ / \_\_\_\_ *Dependent's relationship to you:* \_\_\_\_\_

\*\*If yes, Form 8332 must be provided and signed by the other party.



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### Dependent Expenses

If your dependent attended daycare in 2025:

Name of Daycare: \_\_\_\_\_

Daycare Address: \_\_\_\_\_

EIN or SSN: \_\_\_\_\_

Expenses Paid: \$\_\_\_\_\_

Did your dependent attended college in 2025: \_\_\_\_\_

Name of College: \_\_\_\_\_

Enrollment Status: Full Time  Part Time

Did you/your dependent receive a 1098-T? Yes  No

*If yes, Form 1098-T is required for filing. Please upload a copy with your tax documents. You can obtain a copy of this form by contacting the Bursar's Office at your dependent's college.*

### 2025 Estimated Payments

Estimated Payment Information: If you owed a balance to the IRS and/or State on your 2024 return, you were advised to make quarterly estimated tax payments for 2025. If you were issued estimated payment vouchers, please record those payments below.

I was issued Federal Estimated Payment vouchers but did not make payments:

I was issued State Estimated Payment vouchers but did not make payments:

1st Quarter: Federal Payment: \$\_\_\_\_\_ State Payments: \$\_\_\_\_\_

2nd Quarter: Federal Payment: \$\_\_\_\_\_ State Payments: \$\_\_\_\_\_

3rd Quarter: Federal Payment: \$\_\_\_\_\_ State Payments: \$\_\_\_\_\_

4th Quarter : Federal Payment: \$\_\_\_\_\_ State Payments: \$\_\_\_\_\_

Please include any additional information regarding estimated payments here: \_\_\_\_\_

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## Taxpayer Checklist

Name: \_\_\_\_\_

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

### Personal Information

- Previous year's return (if new client)
- IP Pin: If you and/or your spouse utilize added security via a federally issued Identity Protection PIN, an updated number will be issued ANNUALLY. Visit [www.id.me](http://www.id.me) to retrieve your updated pin number.
- Change in Marital Status and/or number of dependents
- Proof of Medical/Dental Insurance Coverage (Form 1095)
- Did you sell, purchase, or refinance your home?
- Copies of any IRS/State notices of adjustments and/or penalties received in 2025

### Income

- W2 (s)
- 1099 (s)
- Military or Police retirement
- K-1(s)
- Social Security Benefits Statement
- Unemployment Benefits Statement
- Business Income (Schedule C/E)
- Other Income: Gambling, Alimony, Crypto, Foreign Bank Accounts/Assets

### Deductions

- Mortgage Interest: Form 1098
- Property Tax
- Charitable Donations: Both cash and/or items. Include copies of receipts.
- College Tuition: Form 1098-T or 529 Plan Withdraw
- Medical and Dental Expenses
- Health Insurance/Long Term Care Insurance
- Retirement Account Contributions
- Self-Employment Expenses (\*home office, dues, membership fees, supplies, etc.)

Please use the following space to provide us with any additional information you would like us to be aware of: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_