



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 a 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 SSN:* _____
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 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: _____
