



TAXPAYER INFORMATION

Please complete and return before (or with) your tax preparation documents. An annually updated form is required to complete your return.

All completed returns will be issued through our Secure Portal.

***Please verify you have provided and/or updated your personal email address.**

Name: _____

SS: _____

Date of birth: ____/____/____

*Email Address: _____

Home phone number: ____/____/____

Secondary phone number: ____/____/____

Home address: _____

Spouse Information (if applicable):

Name: _____

SSN: _____

Date of birth: ____/____/____

*Email Address: _____

Home phone number: ____/____/____

Cell phone number: ____/____/____

Home address: _____

If you or your spouse utilize a Federally Issued Pin (ID PIN) please provide the updated pin for 2023 below

Name: _____

PIN: _____

Name: _____

PIN: _____

Change in marital status in 2023? _____

Date of Change: ____/____/____

Healthcare: Do you or your spouse receive government funded health insurance (*circle one*)? **Y E S** | **N O**



Phone: 443-328-6609 | Email: taxfile@casacct.com
174 Klee Mill Road
Sykesville, MD 21784

**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 the below information on a separate piece of paper and include it with 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 claimed in 2023?

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? YES NO

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 (circle one)? YES NO

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.

DEPENDENT EXPENSES (IF NOT APPLICABLE, MOVE TO NEXT SECTION)

If your dependent attended daycare in 2023: Name of Daycare: _____

Daycare address: _____

EIN or SSN: _____ | Expenses paid: \$ _____

If your dependent attended college in 2023: Name of College: _____

Enrollment Status (*circle one*): Full Time | Part Time **Graduate Status** (*circle one*): Full Time | Part Time

Did you/your dependent receive Form 1098-T (*circle one*)? YES | NO

*If yes, Form 1098-T is **required** for tax filing, please provide to Cornerstone. If no, please contact the Bursar's Office at your dependent's college to receive this form.*

Did you/your dependent use 529 money (*circle one*)? YES | NO

2023 Estimated Payment Information

Estimated Payment Information: *If you owed a balance to the IRS and/or state government(s) on your 2022 tax return, you may have been advised to make quarterly tax payments for 2023. **Record those payments below.** If you did not owe the IRS or state government(s) estimated payments, continue to the next section.*

Federal (IRS): Click here if you owed federal, but did not make estimated payments

<u>1st Quarter:</u>	<u>2nd Quarter:</u>	<u>3rd Quarter:</u>	<u>4th Quarter:</u>
Amount paid: _____	Amount paid: _____	Amount paid: _____	Amount paid: _____
Date paid: _____	Date paid: _____	Date paid: _____	Date paid: _____

State (include state name): _____ Click here if you owed state but did not make estimated payments

<u>1st Quarter:</u>	<u>2nd Quarter:</u>	<u>3rd Quarter:</u>	<u>4th Quarter:</u>
Amount paid: _____	Amount paid: _____	Amount paid: _____	Amount paid: _____
Date paid: _____	Date paid: _____	Date paid: _____	Date paid: _____

****If you owed estimated payments to more than one state, record the above information for any additional state(s) on a separate sheet of paper and include with this form.**



Phone: 443-328-6609 | Email: taxfile@casacct.com
174 Klee Mill Road
Sykesville, MD 21784

SOCIAL SECURITY BENEFITS

If you or your spouse received social security benefits, please forward your 1099-SA statement to our office explaining those benefits.

CRYPTOCURRENCY

Did you sell or exchange crypto in 2023 (*circle one*)? YES | NO

CHARITABLE DONATIONS

Did you make any charitable donations in 2023? _____

If yes, please provide receipts.

ADDITIONAL INFORMATION

Enter any additional information you'd like your preparer to know below.
