



### 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?      Y E S      N O

*\*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:* \_\_\_\_\_ *Dependant'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?*      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:** Full Time | Part Time      **Graduate Status:** Full Time | Part Time

Did you/your dependent receive Form 1098-T?      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?      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>1<sup>st</sup> Quarter:</u>	<u>2<sup>nd</sup> Quarter:</u>	<u>3<sup>rd</sup> Quarter:</u>	<u>4<sup>th</sup> 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>1<sup>st</sup> Quarter:</u>	<u>2<sup>nd</sup> Quarter:</u>	<u>3<sup>rd</sup> Quarter:</u>	<u>4<sup>th</sup> 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?    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.

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