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TAXPAYER INFORMATION

Please 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: _____

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

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

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:* _____

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.



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 or university.

Did you purchase a new vehicle in 2025? Yes No

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: _____



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, Tips, Overtime, Additional Mileage (Uber, Lyft, etc.)

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: _____
