

2025 CLIENT INFORMATION

<input type="checkbox"/>	New Client?	New Clients – Must Provide 2024 Returns	Intake Completed By: _____				
Name on Social Security Card		SSN (if new)	DOB (if new)	Occupation (always)	1098-T?		
Taxpayer _____		_____ _____ _____	_____ _____ _____	_____ _____ _____	Y N		
Spouse _____		_____ _____ _____	_____ _____ _____	_____ _____ _____	Y N		
Mailing Address _____							
City, St, & Zip _____							
If MD PO Box enter physical address _____							
Phone(s) _____		E-Mail(s) _____					
Phone(s) _____		Contact when return completed – Specify Work, Cell, Taxpayer or Spouse					
Dependent Name (first & last)		SSN (if new copy)	Relationship	DOB (if new)	Day Care?	College Student?	1098-T?
_____ _____ _____		_____ _____ _____	_____ _____ _____	_____ _____ _____	Y N	Y N	Y N
_____ _____ _____		_____ _____ _____	_____ _____ _____	_____ _____ _____	Y N	Y N	Y N
_____ _____ _____		_____ _____ _____	_____ _____ _____	_____ _____ _____	Y N	Y N	Y N
Note any change from prior year in claiming dependents							
MD/PA Residents – Union Dues? Y N		Amount _____	Frequency _____	(if per pay, what is pay frequency)			
WV Residents – Personal Property Taxes Paid? Y N						(Provide MV1 to receive credit)	
Purchase a new car in 2025? Y N						(Must have been assembled in USA)	
Taxpayer worked overtime? Y N		Spouse worked overtime? Y N	Where is proof: _____				
Taxpayer received tips? Y N		Spouse received tips? Y N	Where is proof: _____				
Any energy efficient improvements to personal residence? Y N						(windows, doors, insulation, etc. No credit for appliances)	
Received Unemployment Benefits? Y N						(Provide 1099-G)	
Do you have health insurance from the marketplace? (Received Form 1095-A – Exchange, Obamacare, etc.) Y N							
Direct Deposit? Y N		Checking	Savings				
Bank Name _____		Routing # _____		Account # _____			
(Photocopy check if available, for accuracy)							
If you pay quarterly estimates do you want 2026 payments to be set up on auto-pay? (If no, you must pay IRS online yourself) Y N							
Bank Name _____		Routing # _____		Account # _____			
(If different than above)							
For returns not dropped off in person, delivery method upon completion: Verifyle Mail Both							
(Additional charge for postage)							
Additional Notes:							