

2025 CLIENT INFORMATION



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 <u>Care?</u>	College <u>Student?</u>	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: