

TAX YEAR 2024 NEW CLIENT WORKSHEET

* Please fill out **BOTH SIDES** of this worksheet. Thank you! *

Referred By: _____

Taxpayer's Info

Spouse's Info

Name	_____	_____
SSN	_____	_____
Date of Birth	_____	_____
Date of Death (if applicable)	_____	_____
Occupation	_____	_____
Phone Number	_____	_____

What is your filing status? Single Head of Household Married Filing Joint
Married Filing Separate (if MFS, please make sure to include spouse name and SSN)

Driver's License or Other State Issued ID Information:

Number	_____	_____
State Issued	_____	_____
Issue Date (iss)	_____	_____
Expiration Date (exp)	_____	_____

Address _____

School District _____ Municipality _____

Did you move in 2024? Yes No **If yes**, please provide the move date and old address

Move Date: _____ Old Address: _____

Dependent(s) Information (MUST provide documentation verifying each dependent lived with you at your address):

<u>Name</u>	<u>Relationship*</u>	<u>Full Time College Student</u>	<u>DOB</u>	<u>SSN</u>
_____	_____	<input type="checkbox"/>	_____	_____
_____	_____	<input type="checkbox"/>	_____	_____
_____	_____	<input type="checkbox"/>	_____	_____

*If child, please indicate Daughter (D) or Son (S); **Please only include the dependents you choose to claim

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Have you (and/or spouse, and/or dependent, if applicable) had an Identity Protection PIN in the past?

Taxpayer: Yes (If yes, please include the PIN or letter from the IRS) No

Spouse: Yes (If yes, please include the PIN or letter from the IRS) No

Dependent: If yes, please provide **name of dependent** and the PIN or letter from the IRS _____

Complete the information below regarding refunds and tax payments:

For Refunds: Direct Deposit OR Check Mailed

For Balance Due: Direct Debit OR Mail in Voucher w/ Check

If Direct Deposit or Direct Debit was chosen, please fill in the bank information below:

Routing Transit Number (9 digits) _____

Account Number _____

Type of account Savings Checking

Did you make estimated payments towards Tax Year 2024? If yes, please indicate the amounts & the state, if applicable:

Fed: Q1 _____ Q2 _____ Q3 _____ Q4 _____ State ____: Q1 _____ Q2 _____ Q3 _____ Q4 _____

Would you like to make estimated payments this year (towards Tax Year 2025)?

Yes, Fed State ____ No Not Sure, please advise

Did you purchase health insurance through The Marketplace (Pennie)?

Yes (If yes, include Form 1095-A) No

How would you like your personal copy of your tax return? Paper copy Flashdrive (digital pdf)

Share File (digital link, please provide email _____)

Other Notes or Questions: _____

I certify that the information provided on the taxpayer worksheets is complete and accurate:

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Taxpayer Signature: X _____ Spouse Signature: X _____