

TAX YEAR 2024 RETURNING CLIENT WORKSHEET

*** PLEASE FILL OUT BOTH SIDES OF THIS FORM TO ENSURE WE HAVE THE CORRECT INFORMATION. INCLUDE WITH DOCUMENTS UPON DROP OFF, DO NOT MAIL IN SEPARATELY***

Taxpayer's Info

Spouse's Info

Name _____

Date of Death (if applicable) _____

Occupation (if changed) _____

Phone Number _____

***If newly married (2024 or 2025), please include spouse's birthday and SSN; if a name change occurred, please provide the date the name was changed with the Social Security Administration: _____**

Has your filing status changed since last tax season?

No Yes **If yes, please indicate:** Single Head of Household
 Married Filing Separate Married Filing Joint

Do you live inside the limits of a city that has a local tax? Yes No

Did you move in 2024? Yes No **If yes:** Date of Move _____

New Address _____

Dependent(s) Information (if applicable; list additional dependents on a separate page if necessary):

| <u>Name</u> | <u>Relationship*</u> | Full Time <u>College Student</u> | <i>(Only need DOB/SSN if born in 2024 or not claimed previously)</i> | |
|-------------|----------------------|-------------------------------------|--|------------|
| | | | <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**

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 _____

Driver's License or Other State Issued ID Information:

If license is from a different state than previous (ex. moving from OH to PA and getting a PA license instead of OH), please update the state and license number as well

Taxpayer: Issue Date (iss) _____ **Spouse:** Issue Date (iss) _____
 Expiration Date (exp) _____ Expiration Date (exp) _____

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Refund/Balance Due:

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 and your bank account is the same as the one used last year,
please confirm the last four digits of your Account Number: _____

If Direct Deposit or Direct Debit was chosen and your bank account has **CHANGED** from the one used
last year, **please provide the updated information:**

NEW Routing Number (9 digits) _____

NEW Account Number _____

Type of account Savings Checking

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

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

Local : Q1 _____ Q2 _____ Q3 _____ Q4 _____

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

Yes, Fed State ____ Local No Not Sure, please advise

Did you purchase health insurance through The Marketplace?

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 _____)

Please indicate any significant life event changes in 2024 that may affect your tax situation: _____

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

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Taxpayer Signature: X _____ Spouse Signature: X _____