

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 OR APPOINTMENT, 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

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

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

Issue Date (iss) _____
Expiration Date (exp) _____

Did you move in 2024 or 2025? Yes No **If yes:** Date of Move _____

New Address _____

New School District _____ **New** Municipality _____

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 purchase health insurance through The Marketplace (Pennie)?

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

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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 _____

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**

Did you make estimated payments towards Tax Year 2024? If yes, please include the cover sheet provided last year OR indicate the amounts below. If you made State payments, please indicate the State:

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

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 you tax situations; as well as any notes or questions you have: _____

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

Taxpayer Signature: X _____ Spouse Signature: X _____