

## 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	_____	_____

\*If newly married in 2024 or 2025 and a name change occurred, please provide the date the name was changed with the Social Security Administration: \_\_\_\_\_

**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)

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

Current Address: \_\_\_\_\_

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 dependents you wish 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 \_\_\_\_\_

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### Driver's License or Other State Issued ID Information:

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

### 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 & 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 \_\_\_\_\_)

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

Taxpayer Signature: X\_\_\_\_\_ Spouse Signature: X\_\_\_\_\_