TAX YEAR 2025 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 ☐ (must have dependents to claim HOH)

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 _____

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

Did you move in 2025 or 2026? 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):

Name	Relationship*	Full Time College Student	DOB	SSN
		☐		
		☐		
		☐		

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

Do you (or spouse, if applicable) work for: Tips ☐ Overtime ☐

If EITHER box is checked, please provide your (or your spouse's) LAST paystub of 2025. It is now REQUIRED to report this as a separate deduction.

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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 _____

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

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

Complete the information below regarding refunds and tax payments: Effective 9/30/2025, *per Executive Order 142147,* the IRS is no longer accepting paper checks for payments and will NOT be issuing paper checks for refunds. If you have a balance due, you have the option to have us directly debit the amount from your bank account OR you can pay the amount online. For refunds, direct deposit will need to be set up with your bank account. Because of this change, your bank information is REQUIRED

Routing Number (9 digits) _____ **Account Number** _____

Bank Name: _____ **Type of account: Savings ☐ Checking ☐**

For Refund: Direct deposit MUST be used. If you do NOT have a bank account, please check here ☐

For Balance Due **FED**: ☐ Direct Debit OR ☐ I will make it **ONLINE on my own** once given the amount

For Balance Due **STATE**: ☐ Check OR ☐ Direct Debit OR ☐ I will make it **ONLINE on my own** once given the amount

Did you make estimated payments towards Tax Year 2025? 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 2026)?

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

If YES, Fed: Online (on my own)☐ or Auto debit ☐ State: Online (on my own)☐ or Check ☐

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

☐ Share File (digital link, please provide email _____)

*****For additional notes or questions, please enclose a separate sheet or use the drop off card at the office.*****

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

Taxpayer Signature: X_____ Spouse Signature: X_____