TAX YEAR 2025 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 (2025 or 2026), 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 2025 or 2026? Yes ☐ No ☐ **If yes:** Date of Move _____

New Address _____

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

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.

Refund/Balance Due: 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, please provide your bank account information REGARDLESS of if we have used it in the past.

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

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Did you make estimated payments towards Tax Year 2025? 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_____

Local : Q1_____ Q2_____ Q3_____ Q4_____

Would you like to make estimated payments this year (towards Tax Year 2026)?

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

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

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):

Name	Relationship*	Full Time College Student	*(Only need DOB/SSN if born in 2025 or not claimed previously)* DOB	SSN
_____	_____	☐	_____	_____
_____	_____	☐	_____	_____
_____	_____	☐	_____	_____

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

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 _____)

For any significant life event changes in 2025 that may affect you tax situations, as well as any notes or questions you have, please enclose a separate sheet or include on your 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_____