

**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 \_\_\_\_\_

School District \_\_\_\_\_ Municipality \_\_\_\_\_

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):**

<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 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 \_\_\_\_\_