

2024 TAXPAYER INFORMATION SHEET

PRIMARY TAXPAYER *(First name on the tax return)*

SPOUSE *(If married)*

Full Name		
Address		
SSN <small>(new clients only)</small>		
Birthday		
Occupation		
STATUS <small>(Married/ Single/ Divorced)</small>		
Phone Number		
Email Address		

FOR DIRECT DEPOSIT REFUNDS (recommended): Bank Routing # _____ Account # _____

ALL DEPENDENTS CLAIMED ON TAX RETURN (Use back if needed)

ONLY FOR DEPENDENTS FROM KINDER TO 12TH GRADE

Full Name	Relationship (Son/ ...)	SSN	DOB	Name of School / City	Grade (K-12)	\$: Tuition/ Books/ Lab

At any time in 2024, did you have insurance through the Marketplace (Obamacare)? Y N **If yes, bring Form 1095-A*

Do you have any financial interest or investments in digital assets/cryptocurrency? Y N

Please indicate the **total number** of forms (**NOT THE AMOUNT**) that you are giving us. Write "0" if none.

NAME OF FORM	How Many	NAME OF FORM	How Many
W-2 (Wage and Tax Statement)		1099-NEC (Non-employee compensation)	
1099-INT (Interest from bank accounts)		1098 (From your mortgage company/bank)	
1099-DIV (Dividend from banks and other financial institutions)		1098-E (Interest paid on student loans)	
1099-B (Sale of securities: stocks, bonds, etc. through a broker)		1098-T (Tuition statement - college and grad students)	
1099-R (Distribution from Pension, Annuities, IRA, 401K, 403B, etc.)		1099-C (Cancellation of Debt)	
1099-SSA (Social Security Benefit Statement)		1099-G (Unemployment Benefit/ State Refunds)	
1099-SA (HSA/ MSA Distributions)		1095-A (Health Insurance Marketplace Statement)	
OTHER FORMS - Please list, if any		W-2G (Certain Gambling Winnings)	

PLEASE PROVIDE OUR OFFICE A COPY OF LAST YEAR'S TAX RETURN IF WE DID NOT FILE YOUR TAX RETURN