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**TAXPAYER INFORMATION**

Please complete and return before (or with) your tax preparation documents. An updated Taxpayer Information form is required to complete your return.

All completed returns will be issued through our Secure Portal.  
Please verify that you have provided/updated your personal email address.

Are you a new client? \_\_\_\_\_

Filing Status (check one):

Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_

If you utilize a Federally issued ID PIN, please enter it here: \_\_\_\_\_

**Spouse Information (if applicable):**

Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Phone: \_\_\_\_\_

If you utilize a Federally issued ID PIN, please enter it here: \_\_\_\_\_

**Change in marital status in 2023?**

Date of Change: \_\_\_\_/\_\_\_\_/\_\_\_\_

Please use this section to provide additional relevant information regarding change in filing status:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Healthcare:** Do you or your spouse receive government funded health insurance? \_\_\_\_\_

*\*Note: 1095-B and 1095-C not required for filing.*

**DEPENDENT INFORMATION (IF NOT APPLICABLE, MOVE TO NEXT PAGE)**

**New Clients:** If you have more than two dependents, please record them below. Any additional dependents can be entered in the "Additional Information" section at the end of this form:

Dependent #1: *Dependent's name:* \_\_\_\_\_ *Dependent's SSN:* \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
*Dependent's DOB:* \_\_\_\_ / \_\_\_\_ / \_\_\_\_ *Dependent's relationship to you:* \_\_\_\_\_

Dependent #2: *Dependent's name:* \_\_\_\_\_ *Dependent's SS#* \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
*Dependent's DOB:* \_\_\_\_ / \_\_\_\_ / \_\_\_\_ *Dependent's relationship to you:* \_\_\_\_\_

**> Current Clients: Change in dependents you are claiming in 2024?**

Welcomed a new child:

*Child's name:* \_\_\_\_\_ *Child's SSN:* \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

*Child's relationship to you:* \_\_\_\_\_ *Child's DOB:* \_\_\_\_ / \_\_\_\_ / \_\_\_\_

*Could another taxpayer qualify to claim this dependent?*

Previous dependent no longer being claimed:

*Dependent's name:* \_\_\_\_\_ *Dependent's SSN:* \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

*Dependent's reason for no longer being claimed:* \_\_\_\_\_

New dependent (i.e., if you are claiming a parent/grandchild/etc as a dependent):

*Dependent's name:* \_\_\_\_\_ *Dependent's SSN:* \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

*Dependent's DOB:* \_\_\_\_ / \_\_\_\_ / \_\_\_\_ *Dependent's relationship to you:* \_\_\_\_\_

*Could another taxpayer qualify to claim this dependent?*

Claiming a shared dependent (e.g. dependents whose guardians share custody and switch off claiming):

*Dependent's name:* \_\_\_\_\_ *Dependent's SSN:* \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

*Dependent's DOB:* \_\_\_\_ / \_\_\_\_ / \_\_\_\_ *Dependent's relationship to you:* \_\_\_\_\_

\*\*If yes, Form 8332 must be provided and signed by the other party.



### Dependent Expenses

If your dependent attended daycare in 2024:

Name of Daycare: \_\_\_\_\_

Daycare Address: \_\_\_\_\_

EIN or SSN: \_\_\_\_\_

Expenses Paid: \$ \_\_\_\_\_

If your dependent attended college in 2024:

Name of College: \_\_\_\_\_

Enrollment Status: Full Time      Part Time

Did you/your dependent receive a 1098-T? Yes      No

*If yes, Form 1098-T is **required** for filing. Please upload a copy with your tax documents. You can obtain a copy of this form by contacting the Bursar's Office at your dependents college.*

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**Estimated Payment Information:** If you owed a balance to the IRS and/or State on your 2023 return, you were advised to make quarterly estimated tax payments for 2024. If you were issued estimated payment vouchers, please record those payments below.

*I was issued Federal Estimated Payment vouchers but did not make payments:*

1st Quarter: Federal Payment: \$ \_\_\_\_\_ State Payments: \$ \_\_\_\_\_

2nd Quarter: Federal Payment: \$ \_\_\_\_\_ State Payments: \$ \_\_\_\_\_

3rd Quarter: Federal Payment: \$ \_\_\_\_\_ State Payments: \$ \_\_\_\_\_

4th Quarter : Federal Payment: \$ \_\_\_\_\_ State Payments: \$ \_\_\_\_\_

*Please include any additional information regarding estimated payments here . \_\_\_\_\_*

\_\_\_\_\_  
\_\_\_\_\_



## Taxpayer Checklist

Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

### Personal Information

- Previous year's return (if new client)
- IP Pin: If you and/or your spouse utilize added security via a federally issued Identity Protection PIN, an updated number will be issued ANNUALLY. Visit [www.id.me](http://www.id.me) to retrieve your updated pin number.
- Change in Marital Status and/or number of dependents
- Proof of Medical/Dental Insurance Coverage (Form 1095)
- Did you sell, purchase, or refinance your home?
- Copies of any IRS/State notices of adjustments and/or penalties received in 2024

### Income

- W2 (s)
- 1099 (s)
- Military or Police retirement
- K-1(s)
- Social Security Benefits Statement
- Unemployment Benefits Statement
- Business Income (Schedule C/E)
- Other Income: Gambling, Alimony, Crypto, Foreign Bank Accounts/Assets

### Deductions

- Mortgage Interest: Form 1098
- Property Tax
- Charitable Donations: Both cash and/or items. Include copies of receipts.
- College Tuition: Form 1098-T or 529 Plan Withdraw
- Medical and Dental Expenses
- Health Insurance/Long Term Care Insurance
- Retirement Account Contributions
- Self-Employment Expenses (\*home office, dues, membership fees, supplies, etc.)

Please use the following space to provide us with any additional information you would like us to be aware of: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_