

FILING STATUS
☐ Single ☐ Married Filing Joint
☐ Married Filing Separately
☐ Head of Household
☐ Qualifying Widower ☐ **Student Return**

ADDRESS

 Str _____

 City _____ ST _____ Zip _____

 County _____ School District _____

TAXPAYER IRS PIN# (if applicable) _____

 Social Security Number _____

 First _____ MI _____ Last _____

 Date of Birth _____

 Email _____

 Phone _____

 Preferred Method of Contact ☐ Email ☐ Phone

 Occupation _____

 License # _____ Issue: _____ Exp: _____

SPOUSE IRS PIN# (if applicable) _____

 Social Security Number _____

 First _____ MI _____ Last _____

 Date of Birth _____

 Email _____

 Phone _____

 Preferred Method of Contact ☐ Email ☐ Phone

 Occupation _____

 License # _____ Issue: _____ Exp: _____

DEPENDENTS (INCLUDING NON-CHILD DEPENDENTS)

First, Middle Initial, Last Name	College Student?	D.O.B.	Social Security #	Daycare expense	Relationship	Months
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____

CLIENT QUESTIONNAIRE

 1. ☐ Yes ☐ No - Did you or your spouse receive **tips** in 2025?
 2. ☐ Yes ☐ No - Did you or your spouse receive **overtime**? Please provide **last pay-stub** from 2025
 3. ☐ Yes ☐ No - Did you **move** in 2025? If so when? _____
 4. ☐ Yes ☐ No - Did you have marketplace (**Pennie**) medical insurance? If yes, please provide **1095-A**
 5. ☐ Yes ☐ No - Did you receive or sell any **digital assets** in 2025?
 6. ☐ Yes ☐ No - Did you **make any estimated payments** in 2025? If yes, please provide receipts/amounts

E-FILE / FILING INFO

☐ Direct Deposit Routing #: _____ Acct #: _____
 Name of Bank: _____ ☐ Checking ☐ Savings

☐ Paper check by mail

NOTES: