

New Client Information Tax Year 2025

Name: _____ Phone #: _____

Driver's License #: _____ Issue date: _____ Expiration date: _____

SSN: _____ DOB: _____ Occupation: _____

Filing Status: () Single () Married Joint () Married Separate () Head of Household

Spouse: _____ Phone #: _____

Driver's License #: _____ Issue date: _____ Expiration date: _____

SSN: _____ DOB: _____ Occupation: _____

Address: _____

Municipality: _____ School District: _____

Dependents:

Name: _____ SSN: _____ DOB: _____

Name: _____ SSN: _____ DOB: _____

Name: _____ SSN: _____ DOB: _____

*Direct Deposit Information: () Checking () Savings *Required

Routing #: _____ Account #: _____

***Did you purchase health insurance through the healthcare marketplace (Pennie)?**

If so, you will receive a form 1095-A, which will be required to complete your return

*At any time in 2025, did you receive or sell any digital assets? ____yes ____no

*Do you have deductible work expenses? Union Dues: \$ _____

Mileage: _____ Tools/Supplies: \$ _____ Educator: \$ _____

*Do you have investment income? If yes, please provide end of year tax statements