

CLIENT INFORMATION WORKSHEET

PERSONAL INFORMATION

Taxpayer Name: _____

Spouse's Name: _____

Taxpayer Occupation: _____

Spouse's Occupation: _____

Taxpayer Birthdate: _____

Spouse Birthdate: _____

Taxpayer Work Telephone: _____

Spouse Work Telephone: _____

Taxpayer Cell Phone: _____

Spouse Cell Phone: _____

Home Telephone: _____

E-mail address: _____

Current Address: _____ City: _____ State: _____ Zip: _____

School District: _____ County: _____ Twp/Boro/City: _____

ELECTRONIC – FILING INFORMATION

Bank Name: _____

☐

Checking account

☐

Savings account

Account Number: _____

Routing Number: _____



CHECKLIST OF ITEMS TO BRING WITH YOU OR DROP OFF

- ___ 1. All W-2's and 1099's.
- ___ 2. All K-1 forms from S Corporations and Partnerships.
- ___ 3. All 1098's (Mortgage interest statement).
- ___ 4. 1099 forms which list interest (1099-INT), dividend (1099-DIV), or stock sales (1099-B will also need purchase date and cost).
- ___ 5. 1099 forms which list unemployment compensation, refunds, pension payments, and social security benefits.
- ___ 6. 1099 forms which report IRA transfers.
- ___ 7. 1099-SA form(s) for money spent out of an HSA (Health Savings Account) during the calendar year. Also form 5498-SA showing deposits into the HSA account.
- ___ 8. 1095-A forms which report Health Insurance coverage purchased through the healthcare exchange (PENNIE in PA).
- ___ 9. Social security numbers and birthdates for all dependents born in 2025.
- ___ 10. Name and social security number of a former spouse to whom you paid alimony.
If you received alimony, we'll need to know the amount for the year (only applies if divorce was finalized before 2019).
- ___ 11. If you moved during the year, we will need the dates, addresses and **school districts** that you moved from and to.
- ___ 12. Form 1098-T issued from a school for any tuition expenses.
- ___ 13. Year End statements documenting any 529 plan contributions.
- ___ 14. Record of estimated tax payments.
- ___ 15. Names, addresses and identification numbers of all daycare providers.
- ___ 16. Your 2024 tax return. (For new clients only if you have not already provided it.)
- ___ 17. Settlement sheets (HUD-1) for any real estate purchases or sales.
- ___ 18. A list of any purchases or improvements to your home involving energy efficient items (i.e., certain rated windows, furnaces, solar, geothermal, etc....).
- ___ 19. List of any foreign bank accounts and balances at the end of the year.
- ___ 20. Overtime and/or Tips (listed separately) that you were paid during 2024 (most commonly found on your check stub or report from your final paycheck with a check date in 2024).
- ___ 21. Any other documents you feel may be needed or have questions on.

ITEMIZED DEDUCTION CHECKLIST (PAID IN 2025)

MEDICAL EXPENSES

Prescription drugs \$ _____
 Health insur. premiums \$ _____
 Medicare premiums \$ _____
 Long-Term Care Ins. \$ _____
 Doctors & dentists \$ _____
 Hospitals/Medical lodging \$ _____
 Med. Mileage (21¢ /mile): _____ miles
 Lab. & X-ray \$ _____
 Glasses, hearing aid \$ _____
 _____ \$ _____
 _____ \$ _____

TAXES

Real estate tax \$ _____
 Other property tax \$ _____
 Occupation taxes \$ _____
 Personal taxes \$ _____
 _____ \$ _____
 _____ \$ _____

INTEREST

Home mortgage- 1st * \$ _____
 Home mortgage- 2nd * \$ _____
 Student Loan Interest \$ _____
 Investment interest \$ _____
 * If paid to individual list name,
 address, and social security number:

CONTRIBUTIONS

House of worship \$ _____
 Heart/Cancer \$ _____
 Payroll deductions \$ _____
 United Way \$ _____
 Easter seals \$ _____
 Salvation Army (goods) \$ _____
 Goodwill (goods) \$ _____
 Charity miles (14¢ /mile) _____ miles
 _____ \$ _____

BUSINESS EXPENSES

(NOTE: NON-REIMBURSED EMPLOYEE
 EXPENSES NO LONGER ALLOWED
 ON FEDERAL RETURN)

Professional licenses \$ _____
 Trade/Prof. journals \$ _____
 Educational expenses \$ _____
 Safety equipment \$ _____
 Work tools \$ _____
 Business telephone \$ _____
 Uniform cost \$ _____
 Uniform laundry \$ _____
 Professional societies \$ _____
 Business Miles (70.0¢ /mile) _____ miles
 Total vehicle mileage _____ miles
 Business Meals \$ _____
 _____ \$ _____
 _____ \$ _____
 _____ \$ _____

OTHER INFORMATION

Alimony payments \$ _____
 Name _____
 SSN..... _____
 Tradional IRA \ ROTH IRA (circle one) deposits:
 Husband..... \$ _____
 Wife..... \$ _____
 SEP IRA deposits .. \$ _____
 529 Plan Contributions: \$ _____

Daycare expenses:
 Name: _____
 Address: _____
 SSN: _____ Amount paid: _____
 Name: _____
 Address: _____
 SSN: _____ Amount paid: _____

ESTIMATED TAX PAYMENTS MADE

FEDERAL

STATE

LOCAL

Date Amount

Date Amount

Date Amount

1. _____

2. _____

3. _____

4. _____
