

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- 1 st *	\$ _____
Home mortgage- 2 nd *	\$ _____
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.....

Traditional 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. _____
