

DATE: _____

NEW CLIENT

RETURNING CLIENT

PREVIOUS CLIENT

FILING STATUS: SINGLE ☐ MFJ ☐ MFS ☐ H of H ☐ QW ☐

FAMILY NAME _____

TAXPAYER: _____ BIRTHDATE _____ SSN _____

SPOUSE: _____ BIRTHDATE _____ SSN _____

LAST NAME IF IT'S DIFFERENT FROM THE FAMILY NAME

ADDRESS:

TP-CELLPHONE: _____ SP-CELLPHONE: _____

E-MAIL: _____

TP-OCCUPATION: _____ SP-OCCUPATION: _____

DEPENDENTS TO BE ON YOUR 2025 TAX RETURN

1. _____ BIRTHDATE _____ SSN _____
2. _____ BIRTHDATE _____ SSN _____
3. _____ BIRTHDATE _____ SSN _____
4. _____ BIRTHDATE _____ SSN _____
5. _____ BIRTHDATE _____ SSN _____

WHAT CHANGES OCCURRED IN 2025

1. Marital status changed in 2025? Yes _____
2. Birth/Adoption of a child in 2025? Yes (indicate which dependent) _____
3. Removing a 2024 dependent from the 2025 tax return? Yes- _____
4. Attended college in 2024/2025? Yes _____
5. Deceased in 2025 that was on your 2024 tax return?
_____ (date of death) _____
6. Change of address from 2024 tax return? _____
7. Change of employment from 2024 to 2025? _____