

CLIENT INFO WORKSHEET 2025

DATE WE RECEIVED: _____

Email back to us at: Arranging.Numbers.123@gmail.com

CLIENT NEW RETURNING

NEW CLIENT: SS# _____ DOB _____ SPOUSE SS# _____ DOB _____

NAME: _____ SPOUSE: _____
 Best # to call _____ Best # to call _____
 E-mail _____ E-mail _____
 Job Title: _____ Job Title: _____
 I have included a Copy of my identification I have included a Copy of my identification
 Taxpayers Identity Theft PIN: _____ Taxpayers Identity Theft PIN: _____
PHYSICAL ADDRESS: Same as last year _____
MAILING ADDRESS: Same as last year _____

PLEASE ANSWER THESE QUESTIONS:

FILING STATUS: SINGLE: HEAD OF HOUSEHOLD: MARRIED FILING JOINTLY:
 MARRIED FILING SEPARATE: SOMEONE ELSE IS CLAIMING YOU - SINGLE/CHILD/DEPENDENT:

HEALTH INSURANCE COVERAGE: Yes No Number of months covered last year? _____

IRS form 1095A COVERED CALIFORNIA attached Yes

Form 1095B or 1095C Private Ins Employer Medicare Partnership Medical Rancheria VA

At any time during **2025**, did the taxpayer or spouse (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, gift, or otherwise dispose of a digital assets (or a financial interest in a digital asset for example, bitcoin) Yes No

Own/purchasing your home Rent Other _____ County you live in _____

Did you pay Quarterly Estimated Tax Payments? (Not from W2's) Yes No If Yes, list dates & amounts

Did you buy any items from out of state that you owe use tax on? Yes No

If you owe do you want us to include your checking acct for payment? Yes No

If there is a **refund**, do you want it to be DIRECT DEPOSITED to your checking acct? Yes Physical Check

Checking Savings ROUTING #: _____ ACCOUNT #: _____

CLAIMING ANY DEPENDENTS? Yes No **CAN ANY OTHER PERSON CLAIM THEM?** Yes No

NAME: _____ # MONTHS LIVED WITH YOU in 2024: _____

RELATIONSHIP TO TAXPAYER: _____

student full time student part time daycare disabled worked

IF NEW: BIRTHDAY: _____ SOCIAL SECURITY #: _____

NAME: _____ # MONTHS LIVED WITH YOU in 2025: _____

RELATIONSHIP TO TAXPAYER: _____

student full time student part time daycare disabled worked

IF NEW: BIRTHDAY: _____ SOCIAL SECURITY #: _____

NAME: _____ # MONTHS LIVED WITH YOU in 2025: _____

RELATIONSHIP TO TAXPAYER: _____

student full time student part time daycare disabled worked

IF NEW: BIRTHDAY: _____ SOCIAL SECURITY #: _____

If you can't file your federal tax return by the April 15, 2025, deadline, [request an extension](#). An extension gives you until October 15, 2026, to file your 2025 federal income tax return.

An extension to file is NOT an extension to PAY taxes. If you owe taxes, you should pay them before the 4/15/26 due date to avoid potential [penalties and interest](#) on the amount owed. I have read this. Initials _____

Do you want to make payments with extension? Yes No IRS \$ _____ State \$ _____

Date
Initials
Drop offs
Extensions