

TAX YEAR 2024

NAME: _____

1) Any changes in marital status, filing status, dependents, bank, or contact info?	Yes _____
New Address? Please provide.	No _____
New Phone #, Email? Please provide.	
Additional Dependents? Please provide info.	

2) Did you and/or your spouse have any interest in, or authority over, any foreign account or foreign trust at any time during the current year?	Yes _____
	No _____
a) If yes, and balance was >US\$10K , what was the largest balance in the account during the year?	\$ _____

3) At any time during 2024, did you and/or your spouse receive (as a reward, award, or payment) or sell, exchange, gift, or otherwise dispose of a digital asset (or any financial interest in a digital asset)?	Yes _____
	No _____

4) Did anyone in your household attend a post-secondary (college, university, technical) school during the year?	Yes _____
	No _____

5) Did you purchase, refinance, or sell your primary, or a second, residence last year? Please provide settlement statement.	Yes _____
	No _____

6) Did you have Marketplace (Healthcare.gov) health insurance last year?	Yes _____
If so, please provide form 1095-A.	No _____

7) Did you receive an IP PIN last year?	Yes _____
If so, please provide the number.	No _____

8) How would you like to receive any refunds? Please make sure we have current bank account information.	Direct Deposit _____
	Apply to next year _____
	Check _____

9) How would you like to pay any tax balances owed? For a debit, please provide a copy of a void check, if you have not previously.	Debit _____
	Check _____

10) Did you make quarterly estimated tax payments?	Yes _____
If so, please provide amounts by quarter for Federal and/or state.	No _____

11) How would you like to receive your tax return client copy?	Paper _____
	PDF _____

12) How would you like us to return your original documents to you?	Pick up _____
	No originals _____
Please add \$10 for postage if mailing.	Mail _____