

2025 Check In Form- New Client

Initials and date (Kathy's office to do) _____

How would you like to receive your completed tax return? (Check one)

Portal upload is fine- if I have left original documents at office, I agree to pick or pay a \$25 mailing fee

Please do not upload to the portal – I will pick it up

Please do not upload to the portal – I would like it mailed to me (\$25 additional fee)

GENERAL INFORMATION

Taxpayer Name _____

Social Security Number _____

Date of Birth _____

Occupation _____

Taxpayer Email Address _____

Taxpayer Phone _____

Spouse Name _____

Spouse Social Security Number _____

Spouse Date of Birth _____

Spouse Occupation _____

Spouse Email Address _____

Spouse Phone _____

Mailing Address _____

City _____ State _____ Zip _____

QUESTIONS (Please Circle One)

Marital Status at the end of the tax year (note the year you are completing this organizer for)?

Single/Widow

Married

Separated

Divorced

Can anyone else claim you as a dependent on their tax returns?

Yes

No

Did you have Educator Expenses? Energy Credit/Solar purchases? Child care expenses? Electric Car (before 9/30/25) or EV charger purchases (by 6/30/26)?
Yes – provide amounts and details No

Do you have a Farm or Business and pay health insurance/Medicare/Medicare supplement premiums?
Yes – please provide documentation No

Did you purchase a new American made car for personal use and have interest expense?
Yes – please provide interest expense and car VIN# No

Did you have any overtime or tips income?
Yes – please provide last pay stub for the year No

Did any member of your house have health insurance through the Marketplace (Obamacare)?
Yes – please provide documentation No

Did you receive, sell, send or acquire a financial interest in digital asset/virtual currency?
Yes No

Do you have any non – US income or assets?
Yes No

DEPENDENTS

I do not have any dependents (skip to direct deposit)

Dependent name #1 _____

Dependent social Security Number _____

Dependent Date of Birth _____

Relationship to dependent _____

How many months did this dependent live with you? _____

Did you provide more than half of this dependents support?
Yes No

Can anyone other than you qualify to claim this dependent?
Yes No

Dependent name #2 _____

Dependent social Security Number _____

Dependent Date of Birth _____

Relationship to dependent _____

How many months did this dependent live with you? _____

Did you provide more than half of this dependents support?

Yes No

Can anyone other than you qualify to claim this dependent?

Yes No

GENERAL DEPENDENT INFORMATION– (skip if no dependents)

If requested by the IRS, what documentation can you provide that shows evidence of the relationship between you and each dependent listed? (Birth Certificate, etc.)

If requested by the IRS, what documentation can you provide that shows that each of your dependents lived with you? (School Records, etc.)

Are you claiming a child between 19 and 23 years of age who was a student for more than 5 months of the tax year? Please list

Are you claiming a child who lived with any other adult relative for more than ½ of the tax year? Please list

DIRECT DEPOSIT/PIN

Does anyone on your tax return use an IRS Pin to file?

Yes – please provide documentation No

If you are entitled to a refund, would you like a direct deposit? (circle one)

Yes – Please attach voided check

No – Apply to next year

Estimated tax payments (If you've made estimated tax payments, please make sure to let us know!)

Did you make federal estimated tax payments for last year?

Yes – Please list dates and amounts No

