

Client Annual Data Form (Tax Year 2024)

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| Office use only: |
| Dropped off: _____ |
| Emailed: _____ |
| Portal: _____ |

Name: _____ Date: _____ Telephone: (Cell): _____
 (Home) _____
 E-mail: _____ (Work/Other) _____
 Address: _____ Address change ? Yes No

(1) Do you want to ADD(+)/REMOVE (-)dependents?

(+) (-) N/A

(If adding, provide birth record and SS card)

Name: _____

Name: _____

(2) Did you pay for child care in 2024?

Yes No N/A

Name of provider: _____

Address: _____

Tax ID/SSN: _____

FOR QUESTIONS 3 - 14 INCLUDE YOURSELF AND YOUR SPOUSE, IF MARRIED FILLING JOINTLY

(3) Did you receive unemployment in 2024?

Yes No

(4) Did you receive distribution from 401K or IRA?

Yes No

(5) Did you receive distribution from Social Security?

Yes No

(6) Did you pay Student Loans?

Yes No

(7) Did you sell real estate?

Yes No

(8) Did you purchase real estate?

Yes No

(9) Did you refinance real estate?

Yes No

(10) Did you form a business 2024?

Yes No N/A

(11) Do you have a foreign bank account/Virtualcurrency?

Yes No

(If yes, is the balance 10,000USD or more?) Yes No N/A

(12) Did you have debt cancellation in 2024?

Yes No

(13) How many jobs did you have in 2024? _____

(14) Are you a U.S. Veteran who lives in NJ?

Yes No

(15) Did you have health insurance in 2024?

(Taxpayer) Yes No Partial

(Spouse) Yes No Partial N/A

(Dependents) Yes No Partial N/A

If health insurance is via the market place we would need form 1095A to file the taxes.

(16) Did you get married/divorced/separated in 2024?

Yes No (If yes, please provide the date) _____

(17) How will you pay for our services?

(Fees must be paid before e-file or delivery)

Cash Check Credit/Debit Card

Deducted from refund (extra bank fees are incurred)

(18) How would you like to receive your refund?

IRS Check (*by mail* in 4-5 Weeks) -----

Office Pickup - **Fees Must be deducted** (*office* in 2-3 weeks) -----

Direct Deposit (in your account 2-3 weeks) -----

(19) Did your bank information change for direct deposit?

(If yes, please provide copy of voided check)

Yes No N/A

(20) How would you like to receive your tax return copies?

Portal Paper Mail (USPS Priority Fees apply).

Note: Additional copies will cost \$25.00