

PLEASE PROVIDE DRIVER'S LICENSE TO BE COPIED

Date _____

Name: _____ **New Client OR Client Last Year**

Phone: _____ **Returning Client:**
Any changes? YES NO

Email: _____ (REQUIRED FOR TRUMP ACCOUNTS)

Preferred Contact Method? CALL TEXT EMAIL

Marital Status? **SINGLE** **MARRIED**
DEPENDENT OF PARENT? JOINT OR SEPARATE

Who will be listed on this return?

NAME RELATIONSHIP SOCIAL SECURITY NUMBER DATE OF BIRTH LIVES AT LOCATION?

TRUMP ACCOUNT FOR KIDS? NEED KIDS' MIDDLE NAMES & PARENT EMAIL!

Current Address **Direct Deposit—MANDANTORY for refunds!**

Routing # _____

Account # _____

CHECKING **OR** SAVINGS ??

Did you own your home and pay property tax in 2025? YES NO

Does anyone have Marketplace Insurance (Obamacare)? YES NO IF yes we need a 1095-A !

Energy efficient home improvements in 2025? Doors Windows Insulation Furnace A/C
Water Heater Wood Burner Solar

Notes: _____

Please indicate if any of these apply to you:

TIPS OVERTIME HSA TEACHER EXPENSES DAYCARE EXPENSES

IRA CONTRIBUTIONS NEW CAR LOAN CRYPTOCURRENCY FOREIGN BANK

Client Initials _____

Employee Initials _____