



1040 Tax Checklist

New Clients

Taxpayer Name: _____ SSN: _____ - _____ - _____

DOB: ____/____/____

Spouse Name: _____ SSN: _____ - _____ - _____

DOB: ____/____/____

State of Residence in 2024: _____ Did you sell a home in 2024? ____ Yes ____ No

*If you sold a home please provide the closing documents as well as the original purchase price and date of the home you sold.

____ Taxpayer Phone: _____ - _____ - _____ Spouse: Phone _____ - _____ - _____

____ Taxpayer Email: _____ @ _____ . _____

____ Spouse Email: _____ @ _____ . _____

Mailing Address: _____

City: _____ State: _____, Zip: _____

Would you like Direct Deposit if you are due a Refund? ____ Yes ____ No

Would you like Direct Debit if you owe a tax Balance? ____ Yes ____ No

Bank Name: _____

Routing #: _____ Account #: _____



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New Clients

Dependents (if any):

Name: _____ SSN: ____-____-____

DOB: ____/____/____ Relation: _____

Name: _____ SSN: ____-____-____

DOB: ____/____/____ Relation: _____

Name: _____ SSN: ____-____-____

DOB: ____/____/____ Relation: _____

Notes: _____

By signing you certify that all information provided is complete, true, and correct:

_____ Date: ____/____/____