

REQUIRED FORM

Community Tax and Financial - 2024 Client Data Form

Taxpayer's Full Name		Date of Birth (if new client)	SSN (if new client)	
Spouse's Full Name		Date of Birth (if new client)	SSN (if new client)	
Mailing Address	City		State	ZIP Code
County of residence on 1/1/24 _____		School District? _____	Live with spouse in last 6 months of the year? Yes No	
On 12/31/24 were you? _____ Single _____ Married _____ Married but wish to file Separately				

Household Information

Did you pay Property Taxes for your home in 2024?		Please indicate the amount paid if not already included with your documents \$ _____		
Did you pay Rent in 2024?	Monthly Rent \$ _____	Number of Months Rented _____		
Did you receive Unemployment in 2024?		Yes No	If yes, please print a 1099-G from your account.	
Was your health insurance through the Marketplace/ACA/Obamacare ?		Yes No	If yes, you MUST provide Form 1095-A	
Do you have any: Foreign Bank Accounts?		Yes No	Virtual Currency (for example, Bitcoin)? Yes No	
If you made quarterly estimated tax payments please check here & include the amounts & dates of each payment. _____				

Dependents

For new Dependents and Clients we'll also need copies of Social Security Cards & Birth Certificates.						
We MUST have Form 8332 signed by the custodial parent for any dependent that did not live with you over half the year.						
Name	Relationship	Months Lived with you in 2024	Full Time Student?	Dependent's Estimated Income	Date of Birth	SSN (If new Dependent)
Amount paid for Childcare? \$ _____ Provider's Name, Tax ID or SS#, & Address is required.						

Education Credit & Deduction Info

Were any dependents in Private K-12 or Homeschool?	Yes No	If yes, how many? _____
Were you or a dependent enrolled in college in 2024?	Yes No	If yes, form 1098-T from the college is required
Any Student Loan Interest paid in 2024?	\$ _____	
Did you contribute to a 529 College Savings Plan in 2024?	Yes No	If yes, provide 12/31/24 year end statements.

How Would You Like to Receive any Refunds?

_____ CHECK	_____ DEPOSIT to Bank Account on FILE	_____ DEPOSIT to New Bank Account BELOW
Bank Name	Routing Number	Account Number (<u>Checking</u>) (or) (<u>Savings</u>)

_____ I would like my tax preparation fees deducted from my refund. (Optional. Additional processing & bank fees apply)

Taxpayer Email Address

Spouse Email Address

Taxpayer Phone Number

Spouse Phone Number

Taxpayer or Spouse Signature

Date