

Name(s) on Tax Return \_\_\_\_\_ Tax Year \_\_\_\_\_

**IMPORTANT:** This form is required to complete tax return preparation each year. Please complete to the best of your ability and provide details for “YES” answers in the comment section below or with attached documentation.

**INFORMATION REQUIRED TO PRODUCE YOUR TAX RETURN**

Do you have an Identity Protection (IP) PIN from the IRS (if so, please provide #)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did you change your filing status (i.e. married, divorced, widow)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did you have authority over a financial, bank, securities, or brokerage account located in a foreign country?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have any foreign financial accounts, foreign assets, or hold interest in a foreign entity?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did you receive, sell, send, exchange or acquire financial interest in virtual currency (i.e. cryptocurrency)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did you receive \$20,000 or more throughout the year on a platform such as Venmo, PayPal, or Cash App?	<input type="checkbox"/> Yes <input type="checkbox"/> No

**LIFESTYLE**

Did you change your bank account used for direct deposit?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did you move during the year (change county or state)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did you change jobs during the year (change county or state)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did you start a new business or close a business?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did you sell, exchange, or purchase any real estate or rental property(s)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did you contribute to a retirement plan outside of employer (i.e. IRA, Roth, SIMPLE, SEP, 401k)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did you make any contributions/distributions to/from a Health Savings Account (HSA)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did you make quarterly estimated tax payments directly to the Federal and State last year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did you obtain health insurance from the Marketplace?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did you install any energy-saving improvements to your residence(s) this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did you pay interest on the purchase of a new vehicle in 2025?	<input type="checkbox"/> Yes <input type="checkbox"/> No

**INCOME**

Did you receive any unemployment benefits?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did you receive any awards, prizes, hobby income, gambling or lottery winnings?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did you receive any Social Security benefits, including disability income?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did you receive any income from properties (i.e. installment sale income or rental income)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did you have any debts canceled or forgiven (i.e. credit cards or student loans)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did you receive any payments from a retirement plan (i.e. pension, IRA or 401k)?	<input type="checkbox"/> Yes <input type="checkbox"/> No

DEPENDENTS / CHILDREN

Were there any changes in dependents from the prior year (i.e. birth, death, adoption, etc.)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Did you pay for childcare or adult daycare for your dependents?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have any children in private school or homeschooled?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Did you pay any student loan interest?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Did you withdraw from or contribute to a 529 college savings plan?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Did you have a dependent in college during the year?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

DETAILS AND ADDITIONAL NOTES FOR YOUR ACCOUNTANT