

New Client?  No  Yes

To be prepared by:  Bob  Jason  Joshua  Sandy  Unsure

**Taxpayer and Spouse Information-**

\*The Taxpayer listed below is the person whose name appears first on the prior year tax return.\*

Taxpayer's Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Taxpayer's Email: \_\_\_\_\_ Occupation: \_\_\_\_\_

Has Taxpayer been issued an IP PIN by the IRS for 2024?  No  Yes, 2024 IP PIN: \_\_\_\_\_

Filing Status:  Single  Married, Filing Jointly  Married, Filing Separately  Head of Household  Unsure

Spouse's Name: \_\_\_\_\_ Spouse's Social Security Number: \_\_\_\_\_

Spouse's Date of Birth: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Spouse's Email: \_\_\_\_\_ Spouse's Occupation: \_\_\_\_\_

Has spouse been issued an IP PIN by the IRS for 2024?  No  Yes, 2024 IP PIN: \_\_\_\_\_

-Who is the primary contact for the 2024 tax preparation process? \_\_\_\_\_

-Did you divorce a spouse in 2024?  No  Yes Date of Divorce: \_\_\_\_\_

-Any deaths in your immediate family in 2024?  No  Yes, Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Dependent Information** # of Dependents? \_\_\_\_\_ \*more than 2 dependents, use Page 4 to provide their info

**Dependent Name:** \_\_\_\_\_ **DOB (M/D/Y):** \_\_\_\_/\_\_\_\_/\_\_\_\_ **SSN:** \_\_\_\_\_

Has dependent been issued an IP PIN by the IRS for 2024?  No  Yes, 2024 IP PIN: \_\_\_\_\_

# of Months the dependent lived with you in 2024? \_\_\_\_\_ Has unearned income of more than \$1,150?  No  Yes

College Student:  No  Yes \*enrolled in at least 12 credit hours per term in 2024?  No  Yes

Relationship to you:  Child, specify Gender  Male  Female OR  Mother  Father  \_\_\_\_\_

**Dependent Name:** \_\_\_\_\_ **DOB (M/D/Y):** \_\_\_\_/\_\_\_\_/\_\_\_\_ **SSN:** \_\_\_\_\_

Has dependent been issued an IP PIN by the IRS for 2024?  No  Yes, 2024 IP PIN: \_\_\_\_\_

# of Months the dependent lived with you in 2024? \_\_\_\_\_ Has unearned income of more than \$1,150?  No  Yes

College Student:  No  Yes \*enrolled in at least 12 credit hours per term in 2024?  No  Yes

Relationship to you:  Child, specify Gender  Male  Female OR  Mother  Father  \_\_\_\_\_

-Is it anticipated that a different taxpayer will seek to claim a child listed as a Dependent for 2024?  No  Yes

**\*If a dependent listed filed a tax return for 2024, please provide a copy of that return.**

-How many providers did you pay for child/dependent care in 2024? \_\_\_\_\_ \*for more than 2 use Page 4\*

Provider 1 Name: \_\_\_\_\_ Tax ID: \_\_\_\_\_

Provider 1 Address: \_\_\_\_\_

Child or children cared for: \_\_\_\_\_ Amount Paid in 2024: \_\_\_\_\_

Provider 2 Name: \_\_\_\_\_ Tax ID: \_\_\_\_\_

Provider 2 Address: \_\_\_\_\_

Child or children cared for: \_\_\_\_\_ Amount Paid in 2024: \_\_\_\_\_

**Banking Information** -Would you like to receive any tax refunds by Direct Deposit?  No  Yes If yes, please provide banking info.

Bank Name	Routing Number	Account Number	Specify, Checking or Savings

Check this box and complete next section **ONLY** if you would like to have your tax liabilities automatically withdrawn from your bank account with tax filing rather than submitting payment to the IRS or State entities via check or online payment.

Bank Name	Routing Number	Account Number	Specify, Checking or Savings

**Estimated Payments** -Have you made estimated Tax Payments for tax year 2024?  No  Yes If Yes, please provide details below:

Installment	Date Paid	Federal Amount	Date Paid	State Amount
First Quarter				
Second Quarter				
Third Quarter				
Fourth Quarter				
Amount applied from 2023 Overpayment?				
Total				

**HSA and IRA Contributions**-Did you and/or your spouse contribute or plan to contribute funds to an HSA, Roth IRA, or Traditional IRA for 2024 that are NOT accounted for on your W2 statements?  No  Yes If Yes, please provide details below:

	Amount contributed already for 2024	Additional amount you plan to contribute to be applied to 2024
Taxpayer HSA		
Spouse HSA		
Taxpayer Roth IRA		
Spouse Roth IRA		
Taxpayer Traditional IRA		
Spouse Traditional IRA		

**Crypto Currency**-At any time during 2024 did taxpayer or spouse (a) receive (as a reward, award, or payment for property or services) or (b) sell, exchange, gift, or otherwise dispose of a digital asset or a financial interest in a digital asset?  No  Yes

**529 Plans**-Maine allows taxpayers to deduct up to \$1000 per student, for 2024 contributions to 529 plans. (regardless of if they are a dependent).

Total 2024 Contribution to Beneficiary #1: \_\_\_\_\_ Total 2024 Contribution to Beneficiary #2: \_\_\_\_\_  
Total 2024 Contribution to Beneficiary #3: \_\_\_\_\_ Total 2024 Contribution to Beneficiary #4: \_\_\_\_\_

**Rental Properties**-Did Taxpayer or Spouse own rental properties in 2024?  No  Yes

If yes, complete our Schedule E Template to provide income and expenses for rental properties.

**Business Ownership**-Did you or your spouse own a business in the tax year being discussed?

No  Yes  Both *\*Provide details below. If the taxpayer, spouse or both own more than 1 business, please provide details for additional businesses section on Page 4 of this document.*

Business Name: \_\_\_\_\_

Owned by: Primary Taxpayer, ownership % \_\_\_\_\_ Spouse, ownership % \_\_\_\_\_

Who is responsible for bookkeeping for this business? Name: \_\_\_\_\_ Email: \_\_\_\_\_

Type of return does the business file?  1040 (Schedule C/Single Member LLC)  1065  1120S  1120  Unsure

Has a return filed for the business for the Tax Year 2024?  NO  Yes If Yes, please provide K-1s from completed 2024 Tax Return

Who is the preparer for the business tax return? Name: \_\_\_\_\_

-If you own a Schedule C, Single Member LLC, or Farm Business and do not use Quickbooks online, please complete our Schedule C Template to provide financial details for 2024, or provide your access to your Quickbooks reports.

NOTES:


Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**By signing as a representative for this tax return, you attest that all information provided is correct and up to date. You agree to provide our office with all necessary tax information and confirmation of doing so by 3/1/2025. You understand that information received after that deadline will likely result in the need to file extension and you accept the responsibility for filing the extension and making any required estimated payments prior to the April 15<sup>th</sup> filing deadline.**

## **Additional Information Section**

### **Additional Dependent Information**

**Dependent Name:** \_\_\_\_\_ **DOB (M/D/Y):** \_\_\_\_/\_\_\_\_/\_\_\_\_ **SSN:** \_\_\_\_\_

Has dependent been issued an IP PIN by the IRS for 2024?  No  Yes, 2024 IP PIN: \_\_\_\_\_

# of Months the dependent lived with you in 2024? \_\_\_\_\_ Has unearned income of more than \$1,150?  No  Yes

College Student:  No  Yes \*enrolled in at least 12 credit hours per term in 2024?  No  Yes

Relationship to you:  Child, specify Gender  Male  Female OR  Mother  Father  \_\_\_\_\_

**Dependent Name:** \_\_\_\_\_ **DOB (M/D/Y):** \_\_\_\_/\_\_\_\_/\_\_\_\_ **SSN:** \_\_\_\_\_

Has dependent been issued an IP PIN by the IRS for 2024?  No  Yes, 2024 IP PIN: \_\_\_\_\_

# of Months the dependent lived with you in 2024? \_\_\_\_\_ Has unearned income of more than \$1,150?  No  Yes

College Student:  No  Yes \*enrolled in at least 12 credit hours per term in 2024?  No  Yes

Relationship to you:  Child, specify Gender  Male  Female OR  Mother  Father  \_\_\_\_\_

-Is it anticipated that a different taxpayer will seek to claim a child listed as a Dependent for 2024?  No  Yes

### **Additional Childcare Information-**

Provider 3 Name: \_\_\_\_\_ Tax ID: \_\_\_\_\_

Provider 3 Address: \_\_\_\_\_

Child or children cared for: \_\_\_\_\_ Amount Paid in 2024: \_\_\_\_\_

Provider 4 Name: \_\_\_\_\_ Tax ID: \_\_\_\_\_

Provider 4 Address: \_\_\_\_\_

Child or children cared for: \_\_\_\_\_ Amount Paid in 2024: \_\_\_\_\_

### **Additional Business Ownership Information**

Business Name: \_\_\_\_\_

Owned by: Primary Taxpayer, ownership % \_\_\_\_\_ Spouse, ownership % \_\_\_\_\_

Who is responsible for bookkeeping for this business? Name: \_\_\_\_\_ Email: \_\_\_\_\_

Type of return does the business file?  1040 (Schedule C/Single Member LLC)  1065  1120S  1120  Unsure

Has a return filed for the business for the Tax Year 2024?  NO  Yes If Yes, please provide K-1s from completed 2024 Tax Return

Who is the preparer for the business tax return? Name: \_\_\_\_\_