

**Client Information - Income Tax Return Data - 2024**

**Personal Information:**

Your Name \_\_\_\_\_ Age \_\_\_\_\_

Spouse's Name \_\_\_\_\_ Age \_\_\_\_\_

**Please Circle which one we should call first to reach you:**

Home Phone \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

**Please Circle which is the best way to be contacted for future questions:    Phone                      Email    Mail**

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

Email Address \_\_\_\_\_

Yes \_\_\_ No \_\_\_ Are you covered by health insurance for 2024? Please provide a copy of form 1095 verifying coverage for NJ.

**Filing Status** As of December 31, 2024, what was your marital status:

Never Married/Single                       Divorced Date of Divorce \_\_\_\_\_  
 Married Date of Marriage \_\_\_\_\_                       Widowed Year of spouse's death \_\_\_\_\_

Please list the names of everyone who lived in your home last year and anyone else you supported but did not live with you

Name	Age	Relationship	Single or	Full-time	School	Health Insurance	
			Married?	Student	Attended in 2024	Yes	No

**Types of Income and Deductions:**

Yes \_\_\_ No \_\_\_ Do you own any virtual currency like CryptoCurrency, Digital Wallet, etc? Please provide information.

Yes \_\_\_ No \_\_\_ Any gambling, including online gaming, like Draft Kings? Need win/loss statements

Yes \_\_\_ No \_\_\_ Unemployment? Please log onto state website to obtain 1099-G for benefits paid.

Yes \_\_\_ No \_\_\_ Retirement income or distributions for any 401K or IRA plans? Need 1099-R forms

Yes \_\_\_ No \_\_\_ Social security benefits? Need 1099-SA

Yes \_\_\_ No \_\_\_ Did you make any contributions to your traditional IRA or ROTH IRA?

Yes \_\_\_ No \_\_\_ Was your home or **any** property you own rented or used for business? If yes, please provide details.

Yes \_\_\_ No \_\_\_ Did you do any home improvements for **energy** credits: replace windows, doors, HVAC, etc.?

Yes \_\_\_ No \_\_\_ Student loan interest, college tuition paid or NJ Best contributions for yourself or others? Please provide

Yes \_\_\_ No \_\_\_ Child or dependent care expenses such as nursery school or day care?

Yes \_\_\_ No \_\_\_ Supplies for eligible teachers? Please provide total supplies purchased. \$300 maximum

Yes \_\_\_ No \_\_\_ If you have medical expenses, please provide a list of RX, dental, doctors, labs, health insurance paid, medical mileage and travel.

Yes \_\_\_ No \_\_\_ Charitable contributions - letters from organizations and list of amounts. Any volunteer miles?

Yes \_\_\_ No \_\_\_ Did you purchase a new vehicle this year? If electric, need VIN. Sales tax paid. \$ \_\_\_\_\_

Other Information or changes we should know: \_\_\_\_\_