2025 Client Information Sheet - Individual

Taxpayer

First Name: _____

Last Name: _____

Occupation: _____

Dependent of another: Y or N

Blind: Y or N

Date of Birth: _____

Date of Death: _____

Soc. Sec. Number:_____

Home Phone: _____

Mobile Phone: _____

Email Address: _____

Spouse

First Name: _____

Last Name: _____

Occupation: _____

Dependent of another: Y or N

Blind: Y or N

Date of Birth: _____

Date of Death: _____

Soc Se. Number:_____

Home Phone: _____

Mobile Phone: _____

Email Address: _____

Address: _____

City: _____ State: _____ Zip: _____

Dependents

(Please list anyone who you believe can be claimed as a dependent)

First Name	Last Name (If different)	Date of Birth	SSN	Relation	Months at home	Disabled	Student
						Y or N	Y or N
						Y or N	Y or N
						Y or N	Y or N
						Y or N	Y or N
						Y or N	Y or N

Do you own/partner in a Business? Y or N

Do you own Rental Properties? Y or N

Do you receive K-1s? Y or N

Do you have any Crypto Currency Investments? Y or N

Do you have a Foreign Bank Account? Y or N

Do you have Health Insurance through the NYS Marketplace Y or N If yes, please provide 1095-A

Did you receive a 1099-K from Venmo or other electronic transfers? Y or N

How did you hear about us?

Referral: _____

Somewhere Else: _____