

Please write legibly when filling out this form.

Name:			
Address:	City:	State:	Zip:
School District:	County:		
Phone Cell:	Work:	Home:	
Email:			
Taxpayer Occupation:		Spouse Occupation:	

1. If you have a REFUND , would you like it deposited automatically into your bank account?	Yes	No
If you have a BALANCE DUE , would you like the amount automatically withdrawn from your account?		

Name of Bank:	
Bank Routing Number:	
Account Number:	

Is this a Checking account?	Yes	No

Would you like a PAPER copy or electronic PDF copy of your return? (Please check one)	PDF*	Paper

*If PDF, our new encryption system is **Encyro**, **PLEASE** be on the lookout for an email from Encyro.

**Please note that there is an additional charge for choosing more than one option or more than one copy.

2. Please provide name, date of birth, and social security number for yourself & all dependents (if you have not provided in the past).		
Name	Birth Date	Social Security Number

3. Due to NYS Regulations, we will need to obtain information off of your Driver's License to e-file all returns.				
If your license has been reissued since last year or you are a new client, please complete the following:				
ID Number:	State	Expiration Date:	Issue Date:	Document Number:

4. Did you receive unemployment benefits in 2024?	Yes	No

If yes, please provide a copy of your 1099-G. (<https://www.tax.ny.gov/pit/file/1099g.htm>)

5. Did you contribute to an HSA (Health Savings Account) in 2024? If so, how much? (Please provide form 5498-SA)	Yes	No

6. Did you purchase a car, light truck, motor home or motorcycle in 2024?	Yes	No

If yes, how much sales tax did you pay on the purchase?

7. Did you purchase or sell a home in 2024? If yes, please provide a copy of your closing statement.	Yes	No

8. Do you have any financial assets or any other assets (properties, etc) located in a foreign country?	Yes	No

9. Have you had any credits disallowed or reduced in prior years? (You would have received a notice from the IRS or NYS)	Yes	No

If yes, please provide copies of any notices.

10. Did you buy, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency?	Yes	No

If yes, we will need the date purchased and sold, the proceeds, and the cost basis.

11. Did you, your spouse, and your dependents have health insurance for all of 2024?	Yes	No

If yes, please check the applicable box below:

<input type="checkbox"/> Employer	<input type="checkbox"/> Marketplace/Obamacare (Please attach form 1095-A)
<input type="checkbox"/> Social Security/Medicare	<input type="checkbox"/> Fidelis/Medicaid
<input type="checkbox"/> Other _____	

12. Did you or any of your dependents incur college education expenses for 2024? Yes No
If yes, please provide name of the college, the dependent and the expenses paid.

Expenses include tuition, textbooks & course materials. We need both the 1098-T AND detailed receipt of payment & charges from the college

Dependent	Year in College	College Name	Amount Paid

13. Did you contribute to a New York 529 College Saving Plan in 2024? Yes No
If yes, how much? (We will need year end statements showing contributions)

14. Did you make any purchases where you did not pay sales tax, such as through catalogs or online in 2024? Yes No
If yes, please provide total amount of such purchases.

(If you are unsure of the total, NYS provides a chart for calculation which is based on your adjusted gross income) Yes No
Would you like to use the chart provided by New York State?

15. Did your marital status change in 2024? (Married, divorced, separated, widowed) Yes No
If yes, please specify?

16. Did you make any donations to charitable organizations during 2024? Yes No
If yes, please provide amount for "Cash" donations:

and "Non Cash" donations :

*Please note that the IRS requires sufficient substantiation for cash and non-cash contributions valued at \$250 or more.

17. Did you sell any stock or investments during 2024? Yes No
If yes, we will need the date each investment was purchased and the cost basis.

18. Did you receive gambling winnings of \$600.00 or more in 2024? If yes, please provide form W-2G Yes No

19. Did you receive a Property Tax Freeze Credit and/or STAR refund check from NYS in 2024? Yes No
If yes, how much?

*If you are unsure, please logon to: www.tax.ny.gov/pit/property/credit-lookup.htm

20. Did you and/or your spouse pay Long Term Care Premiums in 2024? Yes No
If yes, how much?

21. Did you pay any estimated Federal or New York State tax payments in 2024? Yes No
If yes, please provide the dates and amounts paid.

Due Date:	Date Paid:	Federal	New York
04/15/24	_____	<table border="1" style="width: 100px; height: 20px;"></table>	<table border="1" style="width: 100px; height: 20px;"></table>
06/17/24	_____	<table border="1" style="width: 100px; height: 20px;"></table>	<table border="1" style="width: 100px; height: 20px;"></table>
09/16/24	_____	<table border="1" style="width: 100px; height: 20px;"></table>	<table border="1" style="width: 100px; height: 20px;"></table>
01/15/25	_____	<table border="1" style="width: 100px; height: 20px;"></table>	<table border="1" style="width: 100px; height: 20px;"></table>

**** Please note that the IRS will never call you directly. If you receive a call do NOT give them any of your personal information. ****

We will prepare your 2024 Federal and State income tax returns from information you provide us. We will make no audit or other verification of the data you submit, although it may be necessary to ask you for clarification of some of the information. It is your responsibility to provide all the information required for the preparation of complete and accurate returns. You should retain all documents, cancelled checks and other data that form the basis of income and deductions. These may be necessary to prove the accuracy and completeness of the returns to a taxing authority. You have the final responsibility for the income tax returns and, therefore, you should review them carefully before you sign them. Our fee for these services will be based upon the amount of time required at standard billing rates plus out of pocket expenses with a minimum of \$300. Fees for preparation of your tax return are due upon presentation of our invoice to you and no tax return may leave our office without payment, with NO exceptions. Interest will be added at a rate of one percent per month for invoices outstanding more than 30 days. If the foregoing fairly sets forth your understanding, please sign this form in the space indicated and return it to my office.

Signature: _____

Date: _____