

### Background Information

Taxpayer Name: \_\_\_\_\_ Date of Birth (MM/DD/YY): \_\_\_\_\_

U.S. Social Security #: \_\_\_\_\_ Canadian Tax ID #: \_\_\_\_\_

**Preferred Method of Contact:**

Phone: \_\_\_\_\_  Call  Text Email : \_\_\_\_\_

**Marital Status:**  Single  Married  Divorced Is This a Change From Last Year?  Yes  No

**Spouse Information (If Applicable)**

Legal Name: \_\_\_\_\_ Date of Birth (MM/DD/YY): \_\_\_\_\_

U.S. Social Security #: \_\_\_\_\_ Canadian Tax ID #: \_\_\_\_\_

**Identity Protection PIN (IP PIN)**

*In an effort to increase security the IRS has introduced six-digit Identity Protection PINs. If you were issued one, you would have received a letter in the mail in early January with the number. In order to file your return, we will need to provide this number. You can check to see if you have one by logging into your account at IRS.gov. If you have been issued one, please indicate the number below.*

Taxpayer IP PIN: \_\_\_\_\_ Spouse IP PIN: \_\_\_\_\_

**Social Security Card & Driver's License**

Please upload/include a copy of yours & your spouse's (if applicable) *current* Driver's License & U.S. Social Security Card. If both were uploaded last year and nothing has changed, you do not need to upload them again. *If you have recently married, be sure your spouse has a social security number and if their name has been changed it would need to be reflected on a new social security card.*

**Social Security Card:**  Previously Uploaded  Newly Uploaded Taxpayer  Newly Uploaded Spouse

**Driver's License:**  Previously Uploaded  Newly Uploaded Taxpayer  Newly Uploaded Spouse

**Mailing Address for Refunds & Correspondences:**

House Number & Street \_\_\_\_\_ Apartment/Unit \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Postal Code \_\_\_\_\_

**Direct Deposit** - Note if you have a balance due, I will notify you of the amount due prior to filing your taxes.

Do you want your refunds directly deposited into your bank account?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you want any balances owed directly withdrawn from your bank account?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If we did your taxes last year, should we use the same bank info as last year?	<input type="checkbox"/> Yes	<input type="checkbox"/> No (Fill below)

**Bank Name:** \_\_\_\_\_ **Bank Routing:** \_\_\_\_\_

**Bank Account #:** \_\_\_\_\_  Checking  Savings

**NEW**

## Dependents

If we did your taxes last year, please feel free to only list any children that were born during 2024. If you have an unmarried significant other (or parent) that you pay more than half of their expenses, please indicate them as well. If you are a new client, please provide all of your dependents' information. Feel free to include a separate document.

Dependent's Name	Birthdate	Social Security Number	Relationship
_____	_____	_____	_____
_____	_____	_____	_____

Can you claim all the dependents we have on record and listed above?

Yes  No (Who?): \_\_\_\_\_

If you have any dependents who are 19 years or older, please check what applies below:

- They are your child in college
- They lived with you for at least half the year
- You paid for at least half of their living expenses

**Tax Tip**

Please note that under certain circumstances significant others or other individuals who are without wages and who you support can be claimed as a dependent.

## Child Care Expenses

A credit is allowed for all qualified child care expenses paid. You are only eligible if both parents work (or attend school) and your child is under the age of 13.

Name of child: \_\_\_\_\_

Care provider name: \_\_\_\_\_

SS # or Business ID #: \_\_\_\_\_

Care provider address: \_\_\_\_\_

Dates care was provided: \_\_\_\_\_ to \_\_\_\_\_ total amount paid: \$ \_\_\_\_\_

**Important:** Please provide separate information for each child's expenses that were paid and separate information for each childcare provider used. Please feel free to include additional sheets if needed.

## Higher Education Tuition and Interest

Tax credits are available for tuition and student loan interest incurred by students pursuing college or graduate degrees. The taxpayer, spouse, or any of their dependents could have incurred these expenses. Did you make any student loan payments in 2024?

No  Yes – Did the loan provider issue Form-1098E  Yes – Uploaded  No

Did you, your spouse, or any dependents pursue an undergraduate/graduate degree?

No  Yes – Did the school issue Form-1098T  Yes – Uploaded  No

How much was paid out of pocket toward attendance (not covered by scholarship):

Tuition: \$ \_\_\_\_\_ Room & Board: \$ \_\_\_\_\_ Books & Lab Fees: \$ \_\_\_\_\_

## Employment Income – U.S. & Canada

Please list all employers that provided a W-2 (US) or T-4 (Canada)

Employer/Team	Recipient	Wage Slip Enclosed?
_____	<input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	<input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	<input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	<input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse	<input type="checkbox"/> Yes <input type="checkbox"/> No

**IMPORTANT – Please indicate any road trips you did not travel with the team for any reason:**

**Travel Itineraries** – If you traveled with your team during the year, please enclose your travel itineraries.

Uploaded     Traveled but do not have     Did not travel

## Foreign Employment Income – Outside U.S. & Canada

If you played or earned income in Europe, Asia, or South America this past year please indicate below and attach any wage slips and paystubs you may have.

Employer/Team	Wage Slip Enclosed	Amount Received	Currency
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Foreign <input type="checkbox"/> USD
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Foreign <input type="checkbox"/> USD
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Foreign <input type="checkbox"/> USD
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Foreign <input type="checkbox"/> USD

## Other Income – Endorsement, Self-Employment, Unemployment

If you received income from appearances, card signings, coaching, consulting, educational clinics or camps, or unemployment/maternity leave, which were not included in any of the sources listed above, you still need to report this income. **This income should be reported on a 1099-MISC or 1099-NEC slip.**

Payer/Source	Type of Income	Amount
_____	<input type="checkbox"/> Endorsement <input type="checkbox"/> Self-employment <input type="checkbox"/> Unemployment	\$ _____
_____	<input type="checkbox"/> Endorsement <input type="checkbox"/> Self-employment <input type="checkbox"/> Unemployment	\$ _____
_____	<input type="checkbox"/> Endorsement <input type="checkbox"/> Self-employment <input type="checkbox"/> Unemployment	\$ _____
_____	<input type="checkbox"/> Endorsement <input type="checkbox"/> Self-employment <input type="checkbox"/> Unemployment	\$ _____

## Foreign Bank Account – Outside U.S.

During 2024 did you hold any money and/or investments in accounts outside the U.S.?

No, I did not have any money/investments in accounts based outside the U.S.

Yes, If the amount was **over \$10,000 combined** in all accounts (financial interest in or signature authority over a foreign financial account, including a bank account, brokerage account, mutual fund, retirement account, or any other money held or invested in a foreign entity) at any time please **provide information below**. This information does not impact your tax calculations but needs to be reported or you could be subject to penalties. Please, attach additional sheets if more space is needed.

Bank Name(s) & Address(es)	Account Number	Maximum Amount	Currency
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____

## Retirement Contributions

Have **you** contributed savings toward retirement through:

- Your Employer (401k or similar)?  No  Yes, \$ \_\_\_\_\_ (Maximum of \$23,000)
- A financial advisor (or will contribute before April 15<sup>th</sup>) (combined maximum of \$7,000\*)?
  - No  Yes into a:
    - Traditional IRA - \$ \_\_\_\_\_
    - ROTH IRA - \$ \_\_\_\_\_
    - Non-Deductible IRA (only impacts those with high income) - \$ \_\_\_\_\_

Has **your spouse** contributed savings toward retirement through:

- Their Employer (401k or similar)?  No  Yes, \$ \_\_\_\_\_ (Maximum of \$23,000)
- A financial advisor (or will contribute before April 15<sup>th</sup>) (combined maximum of \$7,000\*)?
  - No  Yes into a:
    - Traditional IRA - \$ \_\_\_\_\_
    - ROTH IRA - \$ \_\_\_\_\_
    - Non-Deductible IRA (only impacts those with high income) - \$ \_\_\_\_\_

**\*If you or your spouse is 50 or older each individual may contribute up to \$8,000**

## Additional Saving Opportunities

For individuals who are self-employed (or have endorsement income) there is the possibility to make an additional retirement contribution to a SEP IRA. This contribution must be made before filing your return (including any extension).

Please let me (or my spouse) know how much I am eligible to contribute (after preparing your return).

## Canadian Residents

Maximize my RRSP (Canadian Residents only – done before February 28<sup>th</sup>)

## Investments

Financial Advisor: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

### Interest, Dividends, & Stocks

If you received interest from a bank account or had dividends and/or stock sales in a brokerage account, please indicate below all financial institutions in which you have investment income. All information will be reported on forms 1099-INT or 1099-DIV in the US and T4 or T5 slips in Canada. Please include all tax documents from banks and brokerage firms. If you are missing any of that information, please let us know.

Bank or Firm	Summary Document Included?	Advisor Will Forward?
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes, <input type="checkbox"/> Please Contact, <input type="checkbox"/> No
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes, <input type="checkbox"/> Please Contact, <input type="checkbox"/> No
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes, <input type="checkbox"/> Please Contact, <input type="checkbox"/> No

### Cryptocurrency/Digital Assets

During 2024, did you hold any cryptocurrency or digital assets? **Note:** Investing in a cryptocurrency fund would not count as holding any cryptocurrency. If that is your only connection to cryptocurrency, please check none.

None                       Held/Bought                       Sold, please include summary document

### Partnership Revenue

If you have a financial interest in a business or partnership, please attach all K-1 forms that you received.

Partnership/Investment	Active or Passive Participation?	K-1 Slip Enclosed?
_____	<input type="checkbox"/> Actively Run <input type="checkbox"/> Passive Investment	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	<input type="checkbox"/> Actively Run <input type="checkbox"/> Passive Investment	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	<input type="checkbox"/> Actively Run <input type="checkbox"/> Passive Investment	<input type="checkbox"/> Yes <input type="checkbox"/> No

Please contact my financial advisor for K-1 Slips     I will provide K-1 Slips once they come available.

### Other Investments – Withdrawals from Retirement or College Savings Accounts

If you were issued a Form 1099R for retirement withdrawals or 1099Q for college savings plan withdrawals, please include the tax documents and indicate them below.

Bank or Firm	Retirement or College Savings?	Advisor Will Forward?
_____	<input type="checkbox"/> Retirement <input type="checkbox"/> College Savings	<input type="checkbox"/> Yes, <input type="checkbox"/> Please Contact, <input type="checkbox"/> No
_____	<input type="checkbox"/> Retirement <input type="checkbox"/> College Savings	<input type="checkbox"/> Yes, <input type="checkbox"/> Please Contact, <input type="checkbox"/> No

## Deductions & Credits

Deductions lower your taxable income while credits lower your actual tax. All deductions & credits should be substantiated with receipts.

### Business Deductions – Not Related to Self-Employment

Changes to tax law have greatly reduced the amount of business deductions individuals are allowed to take. **Self-employed individuals (Sole Proprietors) should use page 9.**

Agent Fees: \$ \_\_\_\_\_ Union Dues: \$ \_\_\_\_\_

Conditioning Expense (Trainers/coaches, gym, ice fees, equipment, supplements): \$ \_\_\_\_\_

Receipts Included?  Yes  No

### Property – Not Rented

If you only own **rental property**, please use **page 10**. If **you don't own property**, please skip this section.

Did you buy or sell your property over the past year?  No

Yes - *Please include HUD & closing statement*

Sale Price: \$ \_\_\_\_\_ Purchase Price: \$ \_\_\_\_\_

### Taxes and Interest

Please indicate any property taxes or mortgage interest from a home loan paid during the year. *If these payments were made through an escrow account, this amount will be found on a 1098-MIS statement.* Otherwise, you should collect receipts to show the amounts paid. ***If you paid interest on a home equity loan and/or refinance of your home, please include that information as well.***

Property Address (Not Rented)	Tax Paid	Interest Paid	1098-MIS Slip
_____	\$ _____	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	\$ _____	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No

### 529 College Savings Contributions

Some states allow tax advantage contributions to accounts used for higher education, if you contributed to a 529 college savings account please provide the following information below.

Please let me know the options for 529 contributions in my state

Beneficiaries' Name	State	Account Number	Amount
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

## Charitable Contributions

Contributions of money or property to a qualified organization are deductible. For contributions over \$250, please include a receipt.

Organization	Donation Type	Amount	Receipt?
_____	<input type="checkbox"/> Cash <input type="checkbox"/> In-Kind _____	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	<input type="checkbox"/> Cash <input type="checkbox"/> In-Kind _____	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	<input type="checkbox"/> Cash <input type="checkbox"/> In-Kind _____	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	<input type="checkbox"/> Cash <input type="checkbox"/> In-Kind _____	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No

Charitable Miles: \_\_\_\_\_

## Green Energy

There are many tax credits available at both the federal and state level for individuals who invest in items that reduce their carbon footprint. These include electric/plug-in vehicles, home improvements for those vehicles, and other substantial home improvements aimed at reducing heating/cooling/electric consumption. Please include receipts or attach additional information for each investment.

Item	Amount	Receipt
_____	\$ _____	<input type="checkbox"/> Enclosed
_____	\$ _____	<input type="checkbox"/> Enclosed
_____	\$ _____	<input type="checkbox"/> Enclosed

## Medical Expenses

Medical expenses are amounts that are not paid by insurance, or your employer and **they must exceed 7.5% of your income. Unless you have a large amount of expenses or do not have health care through your employer, you will probably not qualify for this deduction.**

Expense	Amount	Expense	Amount
Prescriptions	\$ _____	Doctor/Dentist Visits	\$ _____
Hospital Expenses	\$ _____	Medicine/Prescriptions	\$ _____

## Long-Term Care Insurance

Premiums for long-term care insurance may provide a tax deduction. If you and/or your spouse paid any premiums during the year, please indicate the amount of premium paid for the year.

Taxpayer Amount: \$ \_\_\_\_\_ Spouse Amount: \$ \_\_\_\_\_

## Limited Liability Company

If you or your spouse owns an LLC, please provide the following information. ***If you own more than 1 LLC please fill out a separate page for each LLC.***

Name of LLC: \_\_\_\_\_

Address of LLC: \_\_\_\_\_

Owner(s) of LLC: \_\_\_\_\_

Year LLC was first registered: \_\_\_\_\_

State LLC is Registered in: \_\_\_\_\_

State ID number of LLC: \_\_\_\_\_

Federal ID number (if applicable): \_\_\_\_\_

Do you need help fulfilling the state requirements for your LCC:  Yes  No

Does the LLC cover your:  Business  Rental Property(ies)  Investments  Personal Residence

Other: \_\_\_\_\_

## Beneficial Ownership Information Report (BOIR)

LLCs are required to file a BOIR with information about their owners to the Financial Crimes Enforcement Network (FinCEN).

Have you filed a BOIR for your LLC:  Yes, I have filed one on my own

Yes, You have filed one on my behalf

No, but I plan to file one myself

No, and I would like assistance in filing a BOIR

If no and you would like us to file for you, please provide current identification for all owners of the LLC, as well as providing the information above.

## Changes to LLC Information

BOIR only needs to be filed one time as long as the information provided remains the same. If any information changes, an updated BOIR will need to be filed. If LLC information has changed, and you would like us to file an updated BOIR on your behalf, please provide us with the information above and indicate which information has changed.



## Small Business Revenue – Sole Proprietorships

If you or your spouse own/operate a small business, please provide your income and also include any expenses related to the business and they should be substantiated with a receipt. ***If you run more than one business, please fill out this page for each one.***

Name of Business: \_\_\_\_\_ Business ID#: \_\_\_\_\_

*You may find an Excel Workbook - Small Businesses on our website to utilize in place of filling out the below information.*

Income From Operations: \$ \_\_\_\_\_

Expense	Amount	Receipts?
Estimated Tax Payments (Enclose Receipts)	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Cost of Goods Sold/Materials	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Contract Labor	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Advertising	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Parking Fees & Tolls	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Commissions & Fees	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Health Insurance	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Insurance (Other than health)	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Interest Paid	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Legal & Professional Services	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Office Expense	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Repairs & Maintenance	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Business Supplies	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Business Travel (Hotels, Flights, etc.)	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Business Meals	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Cell Phone	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Internet	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Utilities	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other _____	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Mileage Expense** Business Miles: \_\_\_\_\_ Total Miles Driven \_\_\_\_\_

**Home Office Expense** Total sq footage of home: \_\_\_\_\_ Area used for business \_\_\_\_\_

Rent: \$ \_\_\_\_\_ Utilities: \$ \_\_\_\_\_ Repairs: \$ \_\_\_\_\_

## Rental Real Estate

If you and/or your spouse own a property that you rent, please provide that information below. ***If you own more than one property, please fill out this page for each one.***

Kind of Property:  Single Family Home  Condo/Apartment  Duplex  Other \_\_\_\_\_

Property Address: \_\_\_\_\_

Purchase Date: \_\_\_\_\_ Purchase Price: \$ \_\_\_\_\_ Capital Improvements: \$ \_\_\_\_\_

Are you (and your spouse) the sole owner(s)?  Yes  No

If not, who else owns the property (beside your spouse)? \_\_\_\_\_

What % do you own? \_\_\_\_\_ %

Did you live in the property during the year?  No  Yes – Dates: \_\_\_\_\_

***You may find an Excel Workbook – Rental Property on our website to utilize in place of filling out the below information.***

Rents Collected: \$ \_\_\_\_\_

Expense	Amount	Receipts?
Advertising	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Auto & Travel	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Cleaning & Maintenance	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Commissions	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Insurance	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Legal & Professional Services	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
HOA Fees	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Management Fees	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Mortgage Interest	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Repairs	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Supplies	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Taxes	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Utilities	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other _____	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No

### If You Sold the Property During the Year – Please Include the HUD & Closing Statements

Date of Sale: \_\_\_\_\_ Sale Price: \$ \_\_\_\_\_