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2024 New Client Information Sheet

Name	Social Security Number	Date of Birth	Occupation
Taxpayer:			
Spouse:			
Address:			
Email:	Phone:		Cell:
Preferred method of communication: <input type="checkbox"/> Phone <input type="checkbox"/> E-mail <input type="checkbox"/> Text <input type="checkbox"/> Mail			

Marital Status

- ☐ Married (If yes, will you file jointly? ☐ Yes ☐ No)
- ☐ Single
- ☐ Head of Household
- ☐ Widow(er), Date of Spouse's Death _____

Blind?

Disabled?

Taxpayer

☐

☐

Spouse

☐

☐

Dependents

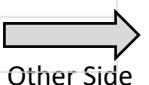
Name	Social Security Number	Date of Birth	Relationship

****PROOF OF RESIDENCY IS REQUIRED FOR ALL DEPENDENTS: ****

School Records, Medical Records, Any Documents that indicate dependent's name and address.

Document Checklist

<input checked="" type="checkbox"/>	Last year's tax return	<input type="checkbox"/>	Form(s) 1095-A (Marketplace health insurance)
<input type="checkbox"/>	W-2 (Wages)	<input type="checkbox"/>	Form 1098-E (Student loan interest paid)
<input type="checkbox"/>	1099-Int, 1099-Div, 1099-B – Investment income statements	<input type="checkbox"/>	Form 1099-T (Tuition paid for post-secondary education)
<input type="checkbox"/>	1099-R (Retirement distributions)	<input type="checkbox"/>	Medical expenses
<input type="checkbox"/>	SSA-1099 (Social security income)	<input type="checkbox"/>	Form 1098 (Mortgage interest)
<input type="checkbox"/>	1099-G (Unemployment income and state tax refunds)	<input type="checkbox"/>	Property tax statements
<input type="checkbox"/>	Schedule K-1 from Partnership, S Corporation, or Trust	<input type="checkbox"/>	Charitable donations (cash and non-cash)
<input type="checkbox"/>	Self-employment income (include all 1099-Misc) and expenses	<input type="checkbox"/>	5498-SA / 1099-SA (HSA contributions/distributions)
<input type="checkbox"/>	Rental income and expenses	<input type="checkbox"/>	Any notices received from IRS in the past year
<input type="checkbox"/>	Form W-2G (Gambling income)	<input type="checkbox"/>	Voided check for direct deposit of refund



Questions (If answer yes to any of the following, please provide supporting documentation.)

Yes	No	Did you receive, sell, send, exchange, or otherwise acquire any financial interest in virtual currency (e.g. bitcoin)?
Yes	No	Did you own or have financial interest in a foreign bank or financial account?
Yes	No	Did you pay or receive any alimony payments? <i>If yes, provide amount, recipient SSN, date of divorce or separation.</i>
Yes	No	Can anyone else claim any of the dependents you listed on the first page of this form?
Yes	No	Did you purchase or sell a main home or rental/investment property during the year? <i>If yes, provide closing statement.</i>
Yes	No	Did you refinance a mortgage or take a home equity loan? <i>If yes, provide closing statement.</i>
Yes	No	Did you make any new energy-efficient improvements to your home?
Yes	No	Did you, or will you, contribute any money to an IRA for 2024? (Traditional or ROTH?)
Yes	No	Did you pay for dependent care so you could work or go to school? <i>Name of provider, address, EIN/SSN, amount paid.</i>

Deductions and Credits (If applicable)

Medical/Dental Expenses		Taxes Paid	
Medical Insurance Premiums (paid by you) (Not thru employer)	\$	Property Taxes	\$
Prescriptions	\$	Personal Property Taxes (vehicle tabs)	\$
Doctors / Dentists / Hospitals	\$	Sales Tax Paid (e.g., vehicle, boat, RV)	\$
Other:	\$	State Income Tax Paid	\$
Medical Miles (# of miles)	#	Other:	\$
Charitable Contributions			
Cash	\$		
Non-Cash (include receipts)	\$		

If the return shows a refund and you would like Direct Deposit and you are not attaching a copy of a voided check, please fill out information below:

Bank Information for Direct Deposit

Bank Name: _____ Routing # _____ (Must be 9 digits) Account # _____

☐ Checking Acct ☐ Savings Acct

Photo ID

	Type	State	ID #	Issue Date	Expiration Date
Taxpayer					
Spouse					

For MA Residents Only

Total Rent Paid in 2024 \$_____

Proof of Health Insurance Coverage Required: 1099-HC included? _____

OR Insurance Co. Name, Federal ID # & Subscriber # _____

Full Year Coverage? _____ If no, Dates of Insurance Coverage _____