

Client Data Sheet

This form is to assist you in gathering your **2025** income tax information.

TAXPAYER FIRST NAME	_____	SPOUSE FIRST NAME	_____
TAXPAYER LAST NAME	_____	SPOUSE LAST NAME	_____
DATE OF BIRTH	_____	DATE OF BIRTH	_____
SSN/ITIN	_____	SSN/ITIN	_____
EMAIL	_____	EMAIL	_____
MAIN PHONE	_____	MAIN PHONE	_____

ADDRESS			APT#	
CITY		STATE		ZIP

What is your immigration status?

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	US Citizen, or Permanent Resident, or US National		US Citizen, or Permanent Resident, or US National
	Other		Other

MARITAL STATUS	SINGLE	MARRIED FILING		QUALIFYING SURVIVING SPOUSE		If Married, did you and spouse live together at any time after <u>06/30/2025</u> ?	Yes	No	
		Jointly	Separately	Year spouse died in					
					2023	2024	You (or your spouse if MFJ) lived in the USA for more than half of 2025?	Yes	No

Dependents: (List the youngest first)		MM/DD/YY	Dependent's SSN	Relationship to you	# of Months lived in your home this tax year	I pay more than ½ the cost of keeping up a home
First name	Last name					

Yes	No	CHECK ALL THAT APPLY			
		You, your spouse and/or any your qualifying dependents in 2025 received Medical insurance through the Marketplace.		If yes, please provide your form 1095-A.	
		You or your spouse received, sold, sent, exchanged, or otherwise acquired any financial interest in any digital assets.		If yes, please provide forms 1099-K, 1099-DA from your crypto/brokerage accounts (or your crypto gains/losses calculation for the tax year).	
		Are you self-employed?		If yes, please fill out the Net Profit from Business Worksheet.	
		Are you Owner of the Company?		If yes, please fill out and provide your corporate's Finance Statement/ P&L and Balance Sheet.	
		Someone else can claim you and/or your spouse as a dependent.		Yes	No
		Would you like your refund deposited into /tax due paid from your bank account?		Your child did not live with you, but is claimed as your dependent	
				If yes, please provide your bank account information.	
		Checking acc	Saving acc	Routing Number	Account Number

CHILD CARE INFORMATION (Day-Care, After-School-Care, Nannies, etc.)			
(Note: This information is required for each provider. Use an additional sheet if more space is needed)			
Provider's Name			Provider's SSN/EIN
Provider's Address			Amount Paid to Provider \$
I hereby acknowledge that Sorsher and Associates will prepare my income tax return solely based on the information I provide, in accordance with the Tax Reform Act of 2025. Under the Safeguarding American Citizenship Act of 2024, fraudulent filings may result in civil, criminal, and immigration penalties, including loss of U.S. citizenship. I accept full responsibility for the accuracy and completeness of such information and release Sorsher and Associates from any liability arising from errors and omissions from incomplete or false data, or future changes in law.			
Taxpayer's Signature			Date
Spouse's Signature			Date

Please go to the 2nd page!

Tax Preparation Checklist **2025**

Information about your income:

W-2 forms for wages
W-2G (lottery or gambling winnings/losses)
1099-C forms for cancellation of debt
1099-G forms for unemployment compensation, or state or local tax refunds
1099-NEC, 1099-K forms (for any independent contractor work)
K-1 (income from companies)
1099-MISC (Rents, Royalties, Prizes and awards)
1099-R for payments/distributions from IRAs or retirement plans
1099-S forms for income from sale of a property
1099-INT, 1099-DIV, 1099-B, 1099-DA, K-1 forms for investments/interest income/crypto sales
SSA-1099 for Social Security benefits received
Alimony received
Business or farming income - profit/loss statement, capital equipment information
Rental property income and expenses: profit/loss statement, suspended loss information
Miscellaneous income: jury duty, gambling winnings, Medical Savings Account, scholarships, etc.
Foreign income, foreign bank accounts, financial interest in or signature or other authority over foreign financial accounts (location, name of bank, account number, peak value of account during the year, the aggregate value of the financial account)

Adjustments to your income and itemized deductions / deductible expenses:

Form 1098-E for student loan interest paid (or loan statements for student loans)
Form 1098-T for tuition paid (or receipts/canceled checks for tuition paid for post-high school) Records of IRA contributions made during the year
Receipts for any qualifying energy-efficient home improvements (air conditioners, exterior doors, windows, etc.).
Records of Medical Savings Account (MSA), HAS (Health Saving Account) contributions
Self-employed health insurance payments records
Alimony paid (for divorces finalized before 2019)
SEP, SIMPLE, and other self-employed pension plans
Forms 1098 (Mortgage Interest Statement) and 1098-VLI (Vehicle Loan Interest Statement)
Charitable donations (cash amounts, official charity receipts; value of donated property; miles driven and out-of-pocket expenses);
qualified one-time charitable distribution from individual retirement account
Medical and dental expense records
Receipts for new qualified plug-in electric drive motor vehicle or previously owned clean vehicle
State and local income taxes paid
Real estate (property) taxes paid

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Taxpayer's Signature		Date	
Spouse's Signature		Date	