## 2024 TAX RETURN CLIENT UPDATE: PLEASE PRINT LEGIBLY

Please provide a copy of your Driver's License as it is required for electronic filing.

Name (as appears on	Taxpayer Information		Spouse Information
6 1 1 6 11			
Street Address			
City, State, Zip Code			
SSN			
Date of Birth			
Cell Phone #			
Phone #2			
Email address			
			)
	Dependents: Name, SSN		
<b>Dependent 1:</b>		Dependent 2: _	
<b>Dependent 3:</b>		Dependent 4: _	
FOR 2024 (Please Circle		our portal? Vog No	
	digital copy of your return through	our portal? Yes No	
-	o want a printed copy? Yes No		
2. Would you like a tax orga	•		
·	nt to receive it via: <b>Portal Emai</b>		
	uded in our weekly newsletter? Yes		ure your email address is above.)
4. Did you have health insur	ance through the Marketplace at all	during the year? Yes	No
5. Did you receive a tax noti	ce within the last year? Yes No		
6. Did you contribute to an I	<b>RA</b> for 2024? <b>Yes No</b>		
7. Did you pay <b>student loan</b>	interest during the year? Yes No	)	
8. Did you have a child atter	nding a <b>private school</b> or who is <b>hon</b>	ne schooled? Yes No	)
9. Did you contribute to a <b>C</b> o	ollege Choice 529 Plan? Yes No		
10. Did you have a parent li	iving with you, providing over half of	of their support/medical	bills? Yes No
11. Did you have <b>financial i</b>	nterest in a foreign financial accou	int(s) totaling over \$10,0	000? <b>Yes No</b>
12. Did you buy or sell <b>virt</b> u	nal currency (Bitcoin, Ethereum, e	tc) and/or NFTs? Yes	No
13. Would you like an incon	ne tax projection later in the year (thi	is is a billable engageme	ent)? Yes No

<sup>\*</sup> If you answered **YES** to any of the questions above, we may require additional year end forms or information to accurately complete your return.