

CLIENT INFORMATION FORM

TAX YEAR 2024

SOCIAL SECURITY # _____ FIRST NAME _____ LAST NAME _____

DATE OF BIRTH _____ OCCUPATION _____ EMAIL ADDRESS _____

DAYTIME PHONE () _____ EVENING PHONE () _____ CELL PHONE () _____

SPOUSE: SOCIAL SECURITY # _____ FIRST NAME: _____ LAST NAME _____

DATE OF BIRTH _____ OCCUPATION _____ EMAIL ADDRESS _____

DAYTIME PHONE () _____ EVENING PHONE () _____ CELL PHONE () _____

CURRENT ADDRESS _____ CITY _____ ZIP _____

EMERGENCY CONTACT _____ **EMERGENCY CONTACT PHONE** () _____

<u>LIST DEPENDENTS:</u> NAME	SOCIAL SECURITY #	DATE OF BIRTH	RELATIONSHIP TO TAXPAYER	# OF MONTHS IN HOME THIS YEAR
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**IF YOU ARE FILING HEAD OF HOUSEHOLD, PLEASE TURN
 OVER & COMPLETE HEAD OF HOUSEHOLD SECTION**

PLEASE ANSWER ALL THE FOLLOWING:

DID YOU MAKE ANY ENERGY EFFICIENT IMPROVEMENTS, OR SOLAR TO YOUR HOME? (Windows, Doors, Insulation, Roof) **YES** **NO**

DID YOU HAVE **HEALTH INSURANCE** THRU COVERED CA/OBAMACARE (Received a 1095A)? **YES** **NO**

DO YOU HAVE ANY INTEREST IN ANY **FOREIGN OR VIRTUAL CURRENCY ACCOUNTS**? **YES** **NO**

DID YOU MAKE AN INTERNET PURCHASE FOR WHICH YOU NEED TO REPORT AND PAY **SALES TAX** ON? **YES** **NO**

DID YOU **BUY A CAR, BOAT, VEHICLE** OR OTHER LARGE TICKET ITEM? (FOR STATE ITEMIZATION ONLY) **YES** **NO**

DID YOU HAVE ANY **UN-REIMBURSED JOB EXPENSES**? **YES** **NO**

PLACE OF **RESIDENCE**: DO YOU **OWN** **RENT** **OTHER**
IF YOU OWN, COMPLETE SECTION A ON BACK AND...

DID YOU RECEIVE **INTEREST OR DIVIDENDS** IN THE TAX YEAR (1099-INT, 1099-DIV) **NONE** **INT** **DIV**
IF YES, ANSWER SECTION B ON BACK.

DO YOU **OWN YOUR OWN BUSINESS** (CONSIDERED SELF-EMPLOYED, SUBCONTRACT, 1099 MISC) **YES** **NO**
IF YES, COMPLETE SECTION C ON BACK.

DID YOU **SELL PROPERTY, STOCK, ETC** IN THE TAX YEAR? **YES** **NO**
IF YES, COMPLETE SECTION D ON BACK.

DO YOU HAVE **PROPERTY THAT YOU RENT OUT** TO OTHERS? **YES** **NO**
IF YES, COMPLETE SECTION E ON BACK.

DO YOU WISH TO RECEIVE YOUR REFUND BY **MAIL** **DIRECT DEPOSIT**
IF DIRECT DEPOSIT: NAME OF BANK _____ **ACCOUNT #** _____
CHECKING **OR** **SAVINGS**

PLEASE CIRCLE ALL THAT APPLY FOR THE TAX YEAR:

DOES SOMEONE ELSE CLAIM YOU AS A DEPENDANT (A PARENT, ETC)?	Y	N	SPOUSE?	Y	N
ARE YOU LEGALLY BLIND?	Y	N	SPOUSE?	Y	N
HAVE YOU TAKEN ANY MONEY FROM RETIREMENT IN THE LAST THREE YEARS?	Y	N	SPOUSE?	Y	N
HAVE YOU CONTRIBUTED TO AN IRA OR ARE YOU INTERESTED IN AN IRA	Y	N	SPOUSE?	Y	N

ARE YOU ACTIVE DUTY MILITARY? **Y** **N** **IF "YES", STATE OF RESIDENCE?** _____

PAID FOR COLLEGE / CONT. EDUCATION? **Y** **N** **PAID FOR STUDENT LOANS?** **Y** **N**

DID YOU RECEIVE UNEMPLOYMENT? **Y** **N** **DID YOU PAY FOR CHILD CARE?** **Y** **N**

****PLEASE TURN OVER, COMPLETE ANY ITEMS AS REQUESTED ABOVE AND SIGN****

PLEASE COMPLETE ALL THAT APPLY

SECTION A (ITEMIZED DEDUCTIONS):

REAL ESTATE TAXES \$ _____ MORTGAGE INTEREST \$ _____
VEHICLE LICENSE FEES \$ _____ OTHER PROPERTY TAXES (BOAT, ETC) \$ _____
CASH GIFTS TO CHARITY \$ _____ NONCASH GIFTS TO CHARITY \$ _____
UNION DUES \$ _____ OTHER UNREIMBURSED JOB EXPENSES \$ _____
EMPLOYEE BUSINESS MILES _____ MEDICAL EXPENSES \$ _____

SECTION B (INTEREST & DIVIDENDS):

NAME OF PAYING INSTITUTION _____ AMOUNT \$ _____
NAME OF PAYING INSTITUTION _____ AMOUNT \$ _____

SECTION C (BUSINESS INCOME):

GROSS INCOME \$ _____ SUPPLIES \$ _____ RENTAL EQUIP \$ _____
ADVERTISING \$ _____ MILEAGE _____
OTHER \$ _____

SECTION D (CAPITAL GAINS):

TYPE OF PROPERTY (LAND/STOCK?) _____ DATE YOU SOLD PROPERTY _____
DATE YOU BOUGHT THE PROPERTY? _____ AMOUNT SOLD PROPERTY FOR \$ _____
AMOUNT PAID FOR THE PROPERTY? \$ _____

SECTION E (RENTAL):

RENTS RECEIVED \$ _____ PROP TAX/INTEREST \$ _____ REPAIR \$ _____
ADVERTISING \$ _____ UTILITIES \$ _____ INSURANCE \$ _____
OTHER \$ _____

FOR HEAD OF HOUSEHOLD FILERS:

DO YOU LIVE WITH SOMEONE WHO HAS A **HIGHER ANNUAL INCOME?** YES NO
DID YOU PROVIDE **MORE THAN HALF** THE **HOUSEHOLD EXPENSES** (RENT, FOOD, UTILITIES, ETC.?)
FOR A "QUALIFYING PERSON" WHO LIVED WITH YOU FOR MORE THAN HALF THE YEAR? YES NO
NAME OF QUALIFYING PERSON (YOUR CHILD) _____
SS # OF QUALIFYING PERSON (YOUR CHILD) _____
RELATIONSHIP (TO FILER) _____

IF MARRIED:

DID YOU LIVE APART FROM YOUR SPOUSE FOR THE LAST SIX MONTHS OF THE YEAR? YES NO
DO YOU INTEND TO FILE SEPARATELY FROM YOUR SPOUSE? YES NO

CONSENT TO USE TAX INFORMATION

BY SIGNING BELOW, YOU AGREE THE INFORMATION YOU HAVE PROVIDED IS TRUE AND CORRECT TO THE BEST OF YOUR KNOWLEDGE. YOU ALSO AUTHORIZE US TO USE THE INFORMATION YOU PROVIDE TO PREPARE YOUR 2024 TAX RETURN AND/OR USE THIS INFORMATION IN THE APPLICATION OF A BANK PRODUCT ONLY IF YOU CHOOSE TO APPLY FOR A BANK PRODUCT. YOUR INFORMATION MAY ALSO BE USED TO PROVIDE YOU WITH OFFERS FOR A VARIETY OF OTHER SERVICES THAT NICKELL TAX AND/OR ITS AFFILIATES MAY PROVIDE.

SIGNATURE: _____ **DATE:** _____