

CLIENT INFORMATION FORM

TAX YEAR 2025

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>	SOCIAL SECURITY #	DATE OF BIRTH	RELATIONSHIP TO TAXPAYER	# OF MONTHS IN HOME THIS YEAR
NAME				

IF YOU ARE FILING HEAD OF HOUSEHOLD, PLEASE TURN

OVER & COMPLETE HEAD OF HOUSEHOLD SECTION.

PLEASE ANSWER ALL THE FOLLOWING:

DID YOU RECEIVE TIPS AND/OR OVERTIME PAY IN 2025? YES NO

DID PURCHASE AND INSTALL SOLAR ON YOUR PRIMARY RESIDENCE? YES NO

DID YOU PURCHASE AN ELECTRIC VEHICLE IN 2025? (PRIOR TO SEPT 30TH) YES NO

DO YOU HAVE CAR LOAN INTEREST FOR A PERSONAL VEHICLE PURCHASED IN 2025? YES NO

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

DID YOU MAKE AN INTERNET PURCHASE FOR WHICH YOU NEED TO REPORT AND PAY SALES TAX ON? 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.

FOR REFUNDS, PLEASE PROVIDE YOUR ACCOUNT INFORMATION FOR DIRECT DEPOSIT BELOW.

IF OWE, WOULD YOU LIKE TO HAVE YOUR PAYMENT PAID DIRECTLY FROM YOUR BANK ACCT? YES NO

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

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 (OR SPOUSE) ACTIVE DUTY MILITARY? Y N ARE YOU (OR SPOUSE) LEGALLY BLIND? Y N

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

HAVE INTEREST IN ANY FOREIGN ACCTS? Y N HAVE ANY VIRTUAL CURRENCY ACCOUNTS? 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 2025 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: _____