

**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 ( )** \_\_\_\_\_

<b><u>LIST DEPENDENTS:</u></b>	<b>SOCIAL SECURITY #</b>	<b>DATE OF BIRTH</b>	<b>RELATIONSHIP TO TAXPAYER</b>	<b># OF MONTHS IN HOME THIS YEAR</b>
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 30<sup>TH</sup>)** 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
<b>ARE YOU (OR SPOUSE) ACTIVE DUTY MILITARY?</b>	Y	N	<b>ARE YOU (OR SPOUSE) LEGALLY BLIND?</b>	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:** \_\_\_\_\_