2024 New Client Profile
PLEASE PROVIDE A COPY OF YOUR 2023 TAX RETURN

Name: _____ Spouse: _____
Phone: _____ Phone: _____
Email: _____ Email: _____
SS#: _____ SS#: _____
Date of Birth: _____ Date of Birth: _____
Occupation: _____ Occupation: _____
Address: _____

Filing Status (circle): Single Married Filing Joint Married Filing Separate HOH

Dependents: *add additional to the back of this form (must provide copy of SS card)

Name: _____ SS#: _____ DOB: _____
Name: _____ SS#: _____ DOB: _____
Name: _____ SS#: _____ DOB: _____

Any dependent child attending college? If YES, please provided **1098T** from College YES NO
Any dependent child filing their own tax return for 2024? YES NO
Did you have any childcare expenses in 2024? YES NO

Name of Provide: _____ Federal Tax ID: _____ Amount Paid: _____
Address: _____

Did you use Venmo, Cash App, PayPal, and receive more than $5,000? YES NO
Did you receive a 1099-K form? YES NO
Did you break out the deposit? YES NO

Did you buy an energy efficient product? _____
If YES, please provide the product ID number.

Please provided Proof of Income: W2's, 1099-R, NEC, INT, DIV, SSA-1099
Please print out 1095-G from ONLINE

Did you Collect **UNEMPLOYEMENT** in 2024 –THEY DO NOT MAIL OUT TAX DOCUMENTS YES NO

*PROPERTY TAXES Paid in 2024 $_____ TOTAL RENT Paid in 2024 $_____
*Provide Property Assessment Card from Township Did you rent the entire year? If NO, how long?

If you Sold a Property, **THE FOLLOWING INFORMATION IS MANDATOR FOR THE SALE OF A PROPERTY:**

ORGINAL PURCHASE DATE: _____
ORGINAL PURCHASE PRICE: _____
CAPITAL IMPROVEMENT Total: _____ (Any work done on the property to improve the value)
Date of Sale: _____
Sales Price: _____ (Included a copy of the Settlement Sheet)

HEATLHCARE 2024: Please provided **1095A** (Marketplace) or **1095 B or C** (Employer Provided) Form
VIRTUAL CURRENCY: **Did you receive, sell, exchange, gift/dispose of a digital asset? (ex: Bitcoin)** YES NO
CHARITABLE CONTRIBUITONS: Total: _____ Please **DO NOT** Include receipts, only TOTALS
NON-CASH CONTRIBUTIONS: Total: _____

Medical Expense: _____ Include all out-of-pocket expenses: Prescription, dental visions.
DO NOT include expenses paid by HSA OR FSA.

Veteran Exemption FOR NJ STATE:
ARE YOU/Spouse a Veteran? YES NO
Have you previously filed your Veterans Exemption in NJ? YES NO

ESTIMATED TAXES: Do you need estimated tax payments for 2025? YES NO
Must list the following for each payment made in 2024:

		Date Paid	Amount Paid	Method of Payment
Federal:	QTR 1			
	QTR 2			
	QTR 3			
	QTR 4			
NJ:	QTR 1			
	QTR 2			
	QTR 3			
	QTR 4			
Other:	QTR 1			
	QTR 2			
	QTR 3			
	QTR 4			

FOREIGN ACCOUNTS & ASSETS
Do you have any foreign financial accounts? YES NO
Do you have any foreign assets or hold interest in a foreign entity? YES NO

BANK INFORMATION FOR DIRECT DEPSIOT *May provide a copy of a VOID check
Bank Name: _____ Routing Number: _____
Type of Account: _____ Account Number: _____

DRIVERS LICNESE OR VALID STATE ID: Please provide a copy or bring in Taxpayer and Spoused VAID ID

My/our signature confirms that the information provided is true and accurate to the best of my knowledge. I/we understand that failure to provide all necessary information will delay the processing of my tax return and incur additional processing fees.

Signature: _____ Date: _____

Signature: _____ Date: _____

If this is a **REFERRAL**, please provide the following information:

Customer Name: _____