

# Client Annual Data Form (Tax Year 2025)

Office use only:
Dropped off: _____
Emailed: _____
Portal: _____

Name: \_\_\_\_\_ Date: \_\_\_\_\_ Telephone: (Cell): \_\_\_\_\_  
 (Home) \_\_\_\_\_  
 E-mail: \_\_\_\_\_ (Work/Other) \_\_\_\_\_  
 Address: \_\_\_\_\_ Address change ? ☐ Yes ☐ No

(1) Do you want to ADD(+)/REMOVE (-)dependents?

(+) ☐ (-) ☐ N/A ☐

(If adding, provide birth record and SS card)

Name: \_\_\_\_\_

Name: \_\_\_\_\_

(2) Did you pay for child care in 2025?

Yes ☐ No ☐ N/A ☐

Name of provider: \_\_\_\_\_

Address: \_\_\_\_\_

Tax ID/SSN: \_\_\_\_\_

**FOR QUESTIONS 3 - 14 INCLUDE YOURSELF AND YOUR SPOUSE, IF MARRIED FILLING JOINTLY**

(3) Did you receive unemployment in 2025?

Yes ☐ No ☐

(4) Did you receive distribution from 401K or IRA?

Yes ☐ No ☐

(5) Did you receive distribution from Social Security?

Yes ☐ No ☐

(6) Did you pay Student Loans?

Yes ☐ No ☐

(7) Did you sell real estate?

Yes ☐ No ☐

(8) Did you purchase real estate?

Yes ☐ No ☐

(9) Did you refinance real estate?

Yes ☐ No ☐

(10) Did you form a business 2025?

Yes ☐ No ☐ N/A ☐

(11) Do you have a foreign bank account/Virtualcurrency?

Yes ☐ No ☐

(If yes, is the balance 10,000USD or more?) Yes ☐ No ☐ N/A ☐

(12) Did you have debt cancellation in2025?

Yes ☐ No ☐

(13) How many jobs did you have in2025? \_\_\_\_\_

(14) Are you a U.S. Veteran who lives inNJ?

Yes ☐ No ☐

(15) Did you have health insurance in 2025?

(Taxpayer) Yes ☐ No ☐ Partial ☐

(Spouse) Yes ☐ No ☐ Partial ☐ N/A ☐

(Dependents) Yes ☐ No ☐ Partial ☐ N/A ☐

(16) Did you get married/divorced/separated in 2025?

Yes ☐ No ☐ (If yes, please provide the date) \_\_\_\_\_

(17) How will you pay for our services?

(Fees must be paid before e-file or delivery)

Cash ☐ Check ☐ Credit/Debit Card ☐

Deducted from refund (extra bank fees are incurred) ☐

(18) How would you like to receive your refund?

Office Check (Fees to come to the office) \_\_\_\_\_

Office Pickup – **Fees Must be deducted (office in 2-3weeks)** \_\_\_\_\_

Direct Deposit (in your account 2-3 weeks) \_\_\_\_\_

(19) Did your bank information change for direct deposit?

(If yes, please provide copy of voided check)

Yes ☐ No ☐ N/A ☐

(20) How would you like to receive your tax return copies?

Portal ☐ Paper ☐ Mail ☐ (USPS Priority Fees apply).

**Note: Additional copies will cost \$25.00**