

2024 Client Information – PER IRS MUST BE COMPLETED - REVISED 12/28/24

No Nicknames --- Put NAME as it appears on your SOCIAL SECURITY CARD Referred by _____

<u>Taxpayer</u> (Legal Name)	SS#	DOB	Cell #/Other #	Email Address
<u>Spouse (Legal Name)</u>	SS#	DOB	Cell #/Other #	Email Address

ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____

Taxpayer	Driver's Lic #	Issue Date	Exp Date	State
Spouse	Driver's Lic #	Issue Date	Exp Date	State

Dependent Information – (Only those you are claiming)

-Please list all dependents that will be listed on your 2023 tax return below:

Full name	DOB	SS#	Relationship	# Mths In Home in '24

DO you owe BACK IRS Taxes, Child support, Delinquent Student Loans? (Yes/No) _____

Taxpayer Name _____ For What _____ Amount _____

Initial _____

QUESTIONS TO TAXPAYER: (If new please provide copy of prior year tax return)

****Check only ONE** 1) Filing status:**

_____ A) Single/Unmarried with No Children living with you

_____ B) Joint Return filing Married WITH a Spouse SKIP D

_____ C) Unmarried with Children, you are claiming that they lived with you for at least 6 months (did you maintain your own residence for 6 or more months & provide more than 50% of cost of living

_____ D) Filing SEPARATE but Married (Both taxpayers wishing to file separate) **IF SO COMPLETE:**

COMPLETE ONLY if Filing Separate: Spouse Name _____

Social Security # _____ Spouse Gross Income _____

2) In 2024: Did you get Married? _____ Did you get a Divorce? _____

Did your Spouse Die? _____ (Date of Death) **MUST HAVE DEATH CERTIFICATE**

Did you change your name with the Social Security Office? _____ Date _____

NEED COPY OF NEW SOCIAL SECURITY CARD

3) Type of Work you did in 2024 Taxpayer – Occupation Type _____

(Example: Welding, Oilfield, Truck Driver, Bank Teller . . . Etc.)

Truck Driver, Bank teller... Etc.) Spouse – Occupation Type _____

4) Are you a LLC/Corporate/Partnership/S Corporate Owner? (Yes/No)

If so **MUST HAVE** Name of Business and type & Fed ID # _____

8) Did you make any **INDIVIDUAL ESTIMATED TAX PAYMENTS – Form 1040 ES** (Yes or No) _____

Do not include installment payments. **ALSO** include STATE Estimates

\$ _____ Amount _____ Dates Paid (4/15/24) or different date

\$ _____ Amount _____ Dates Paid (6/17/24) or different date

\$ _____ Amount _____ Dates Paid (9/16/24) or different date

\$ _____ Amount _____ Dates Paid (1/15/25) or different date

Date _____ Sign (Taxpayer) _____

Date _____ Sign (Spouse) _____

Initial _____

MUST ANSWER THE FOLLOWING:

**IF ANSWERED INCORRECTLY THERE WILL BE A \$75 ADDITIONAL FEE UPON
REJECTION BY THE IRS**

DID you have Health Insurance through your work?

YES or NO

**DID you have MARKETPLACE/HEALTH CARE.GOV OR
AFFORDABLE HEALTH CARE IN 2024? YES or NO**

If YES – we MUST have the Form 1095A

OR Your return can NOT be processed by the IRS

IF you are a resident of the following states –

**California (MUST HAVE INSURANCE) Massachusetts, Rhode Island, New Jersey or
Vermont – answer the following:**

****Did you have health insurance?**

YES or NO

Initial _____

CHILD TAX CREDIT AND EDUCATION CREDIT

ANSWER YES OR NO AND SIGN THE DOCUMENT

- | | | |
|--|-----|----|
| **Are dependent(s) claimed on your tax return your: Son, daughter, stepchild, foster child, brother, sister, stepbrother, stepsister, half-brother, half-sister, or a descendant of any of them (for example, your grandchild, niece or nephew)? | YES | NO |
| **Did you provide over half of his or her(dependent(s)) support for 2024? | YES | NO |
| **Did dependent(s) live with you for more than half of 2024? | YES | NO |
| **Did dependent(s) file a joint return with another person for 2024? | YES | NO |
| **Are dependent(s) a U S Citizen, a U S National, or a U S resident alien? | YES | NO |
| **Was your child a college/technical student for at least half the year? | YES | NO |
| **Did your dependent earn more than \$ 5,050 in a year in 2024? | YES | NO |

Make sure you have one of the following documents to prove the existence of the child (that would have the child's name on it):

*School record or statement

*Health care provider statement

*Childcare provider record

*Place of worship statement

AMERICAN OPPORTUNITY TAX CREDIT

**As of the beginning of 2024, has the student completed the first 4 years of postsecondary education (freshman through senior years of college), as determined by the education institution? _____

**For the student, has either the American Opportunity Tax credit or the Hope Scholarship credit been claimed by you or anyone else for this student for any 4 tax years before 2024? _____

**If the American Opportunity Tax credit (and Hope Scholarship credit) has been claimed for this student for any 3 or fewer tax years before 2024, this requirement is met

For at least one academic period beginning (or treated as beginning) in 2024, has the student met both of the following? YES NO

(A) Was enrolled in a program that leads to a degree certificate, or other recognized educational credential

(B) Carried at least one-half the normal full-time workload for his or her course of study

** As of the end of 2024, has the student been convicted of a federal or state felony for possessing or distributing a controlled substance? YES NO

Signature: _____ Date: _____

Initial _____

HEAD OF HOUSEHOLD ATTESTATION

DO **NOT** COMPLETE IF FILING JOINT

I certify, that, I am either **NOT MARRIED OR SEPARATED** from my spouse,-
_____, SSN _____ and that I **did live apart** from my spouse or
by myself for the last six months of calendar year _____. I understand that temporary absences due to
illness, education, business, vacation, or military service are not considered as living apart, I further certify that I
have one or more qualified dependents living in my home for which I provided more than half of the support for
them and myself. Therefore, I qualify to file as "Head of Household "and desire to file my tax return using that
status for the tax year _____.

Under penalties of perjury, I declare that I have examined the above information and to the best of my
knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on
all information of which preparer has any knowledge.

Signature: _____ **Date:** _____

Name: _____ **SSN:** _____

Initial _____

COMPLETE THIS PAGE ONLY IF YOU ADDED A NEW DEPENDENT

This is new IRS rules & regulations – we must ask the following questions or there is a \$635 OR MORE fine per IRS (up to \$2,540 per return or claim).

****New Dependent – We must have a copy of the Social Security Card –**

****Provide us with a copy of the court order, divorce decree, etc. if applicable – (Meaning if you have the right to claim the child due to the divorce or if you have adopted the child, etc.)**

****If the dependent was born prior to 2024
how many months did the dependent live with you _____**

****What is the relationship of the dependent _____**

****If you are NOT the parent or stepparent – where are the natural parents? _____**

Why are they not able to claim the dependent _____

Please sign the following statement:

I STATE THAT I HAVE THE LEGAL RIGHT TO CLAIM THIS DEPENDENT

NAME & RELATIONSHIP

DATE

Initial _____

EARNED INCOME CREDIT ELIGIBILITY

If not completed or correct – Fine of \$635 or more per IRS

Please verify the following to be eligible for Earned Income Credit:

You must Circle Yes or No and Sign

****Can you prove your child lived with you for more than half the tax year(School record/
Medical record/Statement from a daycare provider)** Yes No

****Can you prove that your child is related to you -** Yes No

****If your child is 19 years or older – can you show either: (Circle the appropriate one)**

**** Your child is under age 24 and a full-time student for at least five months of the tax year**

Or

**** Make less than \$5,050 if not a full-time student OR**

**** Your child is permanently and totally disabled** Yes No

**** Can you prove that you meet the support test for your child - Meaning that you provide
more than half of the child's support** Yes No

****Were you (taxpayer(s)) a US Citizen or resident alien for all of 2024?** Yes No

****Did any dependent(s) file a joint return with another person for 2024?** Yes No

****Do you believe dependent(s) could also meet the qualifications to be a qualifying child of
another tax filer?** Yes No

****Did the dependent file their own tax return in 202?** Yes No

****Did they claim themselves? PLEASE PROVIDE COPY OF THEIR T/R** Yes No

Taxpayer & Spouse (if applicable) Signature

Initial _____

Questions - MUST ANSWER in order for us to prepare an accurate return

Please check the appropriate box & include all necessary details and documentation

PERSONAL INFORMATION

Did your marital status change during the year? Yes No

If yes, explain _____

Did your address change from last year? Yes No

Can you be claimed as a dependent by another taxpayer? Yes No

**Did you receive an Identity Protection PIN (IP PIN) from the IRS or have you
Been a victim of identity theft. If yes, attach the IRS letter** Yes No

**EACH YEAR YOU WILL RECEIVE A NEW IP PIN!! \$75 FEE IF WE DO NOT RECEIVE
PRIOR TO FILING YOUR RETURN!!!!**

Did you change any bank accounts? Yes No

Did you receive an Identity Protection PIN (IP PIN) from the IRS or have you
Been a victim of identity theft. If yes, attach the IRS letter Yes No

Are you being claimed by someone else Yes No

Did any time during 2024, did you receive, sell, exchange, or otherwise dispose of
Any financial interest in any **VIRTURAL CURRENCY? BITCOIN/CRYPTO?** Yes No

DEPENDENT INFORMATION

Were there any changes in dependents from the prior year?
If yes, explain _____ Yes No

Do you have any children in college that you are claiming on your return? Yes No

Did you pay for any childcare? If so, we need who and the amount Yes No

Did your dependent file their own tax return? Yes No

Did your dependent claim themselves? (Please provide us with a copy of their tax return)

PURCHASES, SALES AND DEBT INFORMATION

Did you purchase rental property during the year? Yes No

Did you sell or purchase any assets in your business? Yes No

Did you dispose of any stock during the year? Yes No

Did you sell your house during the year? Yes No

Did you have any debts CANCELED or forgiven this year? Yes No

INCOME INFORMATION

Did you receive any unemployment benefits during the year? Yes No

Did you receive any nonemployee compensation? Form 1099 NEC /MISC Yes No

Did you receive any income from **VENMO? PAYPAL, CASH APP, APPLE PAY, ETC**
Form 1099K Yes No

Did you receive any interest income, dividend income or stock sales Yes No

Do you have an Account outside the USA – if so we need the detail Yes No

Did you receive any contract labor? Rental Income? Farm income or exp Yes No

Did you have any oil and gas income – royalties or working interest income Yes No

IF YES – PROVIDE income and expenses

Initial _____

RETIREMENT INFORMATION

Did you receive any Social Security benefits during the year? Yes No
Did you withdrawal from an IRA, Roth, 401(k) plan?
If so provide us with the information Yes No

EDUCATION INFORMATION

Did you have any educational expenses for yourself, spouse or dependent?
If so attach Form 1098T Yes No
Did you have any withdrawals from an education savings or 529 Plan? Yes No

HEALTH CARE INFORMATION

Were you enrolled in Marketplace Coverage – Affordable Care –Healthcare.gov
if yes We **MUST** have a **copy of the Form 1095A** you received Yes No
IF WE DO NOT HAVE THIS AT TIME OF FILING AND YOUR RETURN IS REJECTED
THERE IS AN ADDITIONAL \$75 FEE
Any distributions from Health savings account – HSA, MSA? Yes No

ITEMIZED DEDUCTION INFORMATION

Any paid out-of-pocket medical expenses – Dr Dentist Prescriptions? Yes No
Did you pay any property(real estate)taxes for your home and/or second home? Yes No
Did you pay any mortgage interest? Attach any 1098s you received Yes No
Did you make any major purchases during the year? (Car, boats, improv) Yes No
Did you have any contributions? Yes No

MISCELLANEOUS INFORMATION

Did you retire or change jobs this year? Yes No
Did you make energy efficient improvements? Yes No
Do you owe any back taxes, back student loans or child support? Yes No
Did you receive correspondence from the IRS or the State re: Amts Owed Yes No
Do you have an LLC – in Texas – for us to file a franchise tax return? Yes No
Do you have business assets that we need to file the **County Rendition Report**? Yes No

GENERAL

Can you provide documentation to substantiate the above answers? _____
Have you ever had any of these credits disallowed or reduced in the past years? _____

STATE RETURNS

Are we filing all your applicable state returns? States _____ Yes No

Initial _____

TAX RETURN ENGAGEMENT LETTER

Thank you for selecting ***Carmela Davis CPA PLLC & Associates*** to assist you with your tax affairs. This letter confirms the terms of our engagement with you and the nature and extent of services we will provide.

We will prepare your federal and state income tax returns using information you provided to us. We may ask for clarification of some items, but we will not audit or otherwise verify the data you submit. We have enclosed an "Organizer" to help you gather the information required for a complete return. If you use the Organizer, it will help you avoid overlooking important information and contribute to efficient preparation of your returns. That helps keep the cost of our services as low as possible.

It is your responsibility to provide information required for preparation of complete and accurate returns. You should keep all documents, canceled checks and other data that support your reported income and deductions. They may be necessary to prove accuracy and completeness of the returns to a taxing authority. You are responsible for the returns, so you should review them carefully before you sign them.

Our work will not include any procedures to discover miscalculated or misrepresented data or other irregularities. The only analysis or accounting work we will do is that which is necessary for preparation of your income tax returns.

We must use our judgment in resolving questions where the tax law is unclear, or where there may be conflicts between the taxing authority's interpretation of the law and other supportable positions. In order to avoid penalties, we will apply the "more likely than not" reliance standard to resolve such issues. You agree to honor our decisions regarding the need to make protective disclosures in your returns.

Your returns may be selected for audit by a taxing authority. Any proposed adjustments are subject to appeal. In the event of a tax examination, we can be available to represent you. However, such representation will be a separate engagement for which an engagement letter will be provided to you. Fees and expenses for defending the returns will be invoiced in accordance with the terms for that particular engagement that are agreed upon by you and this office.

Our fee for preparation of your tax returns will be based on the amount of time and forms used in the returns(s) at standard billing rates permitted by state law, an interest charge may be added to all accounts not paid within thirty (30) days.

We will retain copies of records supplied to us along with our work papers for your engaged tax returns for a period of seven years. After seven years, our work papers and other engagement files will be destroyed. All of your original records will be returned to you at the end of this engaged tax period.

You have affirmed that this correctly summarizes your understanding of the arrangement for this accounting service.

Taxpayer Signature

Date

Spouse Signature

Date

Initial _____

IRS e-file Signature Authorization

OMB No. 1545-0074

► **ERO must obtain and retain completed Form 8879.**
 ► **Go to www.irs.gov/Form8879 for the latest information.**

Submission Identification Number (SID) ►

Taxpayer's name	Social security number
Spouse's name	Spouse's social security number

Part I Tax Return Information — Tax Year Ending December 31, (Enter year you are authorizing.)

Enter whole dollars only on lines 1 through 5.

Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.

1 Adjusted gross income	1	
2 Total tax	2	
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3	
4 Amount you want refunded to you	4	
5 Amount you owe	5	

Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)

Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income tax return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at **1-888-353-4537**. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for the income tax return (original or amended) I am now authorizing and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

I authorize _____ to enter or generate my PIN as my signature on the income tax return (original or amended) I am now authorizing.

I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ► _____ Date ► _____

Spouse's PIN: check one box only

I authorize _____ to enter or generate my PIN as my signature on the income tax return (original or amended) I am now authorizing.

I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ► _____ Date ► _____

Practitioner PIN Method Returns Only—continue below

Part III Certification and Authentication — Practitioner PIN Method Only

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.
 Don't enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and **Pub. 1345, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.**

ERO's signature ► _____ Date ► _____

ERO Must Retain This Form — See Instructions
Don't Submit This Form to the IRS Unless Requested To Do So

DIRECT DEPOSIT INFO

If you want your refund to go to your bank account complete the following information:

NAME OF BANK _____

ROUTING NUMBER _____

ACCOUNT # _____

CIRCLE ONE ----- CHECKING SAVINGS

Initial _____

CONSENT TO DISCLOSURE OF TAX RETURN INFORMATION

For the purposes of this consent form, "we", "us", and "our" mean

CARMELA DAVIS CPA PLLC

Federal law requires this consent form be provided to you. Unless authorized by law, we cannot disclose your tax return information to third parties for purposes other than the preparation and filing of your return without your consent. If you consent to the disclosure of your tax return information, Federal law may not protect your tax return information from further use of distribution.

You are not required to complete this form to engage in our tax preparation services. If we obtain your signature on this form by conditioning our services on your consent, your consent will not be valid. If you agree to the disclosure of your tax return information, your consent is valid for the amount of time that you specify. If you do not specify the duration of your consent, your consent is valid for one year from the date of signature.

You have indicated that you are interested in receiving an Electronic Disbursement Service and/or Loan (or collectively, "Products of Services") from Pathward, National Association. In order to provide you with the opportunity to apply for one of these Products or Services, we must disclose all of your 2024 tax return information necessary for evaluating the request to Pathward. If you request a more limited disclosure of tax return information, you will not be eligible to submit an application request for these Products or Services. If you would like us to disclose your 2024 tax return information for this purpose, please sign and date your consent to the disclosure of your tax return information.

By signing below, you authorize us to disclose to Pathward all of your 2024 tax return information necessary for the evaluation and processing of your request for a Product or Service. You understand that if you are unwilling to authorize the disclosure and sharing of your tax return information with Pathward, you will not be able to obtain a Product or Service, but you may still choose to have your tax return prepared and filed by us for a fee.

Printed Name of Taxpayer _____

Taxpayer Signature _____ Date _____

Printed Name of Joint Taxpayer _____

Joint Taxpayer Signature _____ Date _____

If you believe your tax return information has been disclosed or used improperly in a manner unauthorized by law or without your permission, you may contact the Treasure Inspector General for Tax Administration (TIGTA) by telephone at 1-800-366-4484, or by email at complaints@tigta.treas.gov.

Initial _____

CONSENT TO USE OF TAX RETURN INFORMATION

For the purposes of this consent form, "we", "us", and "our" mean

CARMELA DAVIS CPA PLLC

Federal law requires this consent form be provided to you. Unless authorized by law, we cannot use your tax return information for purposes other than the preparation and filing of your tax return without your consent.

You are not required to complete this form to engage in our tax return preparation services. If we obtain your signature on this form by conditioning our tax preparation services on your consent, your consent will not be valid. Your consent is valid for the amount of time that you specify. If you do not specify the duration of your consent, your consent is valid for one year from the date of signature.

If you do not consent, you may still have your tax return prepared and electronically filed by us for a fee.

For your convenience, we have entered into an arrangement with third parties to provide qualifying taxpayers with the opportunity to apply for an Electronic Refund Disbursement Service and/or Loan product. To determine whether these products may be available to you, we will need to use your tax return information in order to calculate the amount of your anticipated refund.

If you would like us to use your tax return information to determine whether these products may be available to you while we are preparing your return, please sign and date this consent to the use of your tax return information.

By signing below, you authorize us to use the information you provided to us during the preparation of your 2024 tax return to determine whether to present you with the opportunity to apply for these products and services.

Printed Name of Taxpayer _____

Taxpayer Signature _____ Date _____

Printed Name of Joint Taxpayer (if applicable) _____

Joint Taxpayer Signature (if applicable) _____ Date _____

If you believe your tax return information has been disclosed or used improperly in a manner unauthorized by law or without your permission, you may contact the Treasury Inspector General for Tax Administration (TIGTA) by telephone at 1-800-366-4484, or by e-mail at complaints@tifta.treas.gov.

Initial _____

Carmela's Financial Checkup Questions

1. Do you have any retirement accounts, such as an IRA or 401(K), that you would like to discuss rolling into an IRA, or even would like to start a new retirement account/IRA/SEP?

Yes/No _____ Details _____

2. Most people don't think they are saving enough and maybe not even in the right financial vehicle. How satisfied are you with the progress of your current retirement planning/savings?

Circle one – Not at all Satisfied 1 2 3 4 5 6 7 8 9 10 Very Satisfied

What areas would you like to improve _____

3. Do you have any life insurance outside of your employer's plan?

Yes/No _____ Details _____

4. Do you have any money/savings that you would consider to be "safe money", which you would like to discuss options that may offer a better solution for you?

Yes/No _____ Details _____

5. Any additional financial concerns, regarding your financial situations? Please list:

Initial _____