



# NEW CLIENT INFORMATION SHEET

Today's Date

How did you hear about AVL Tax Professionals?

Tax Year if not 2024

## YOUR PERSONAL INFORMATION

TAXPAYER	SSN or ITIN	SPOUSE	SSN or ITIN
FIRST NAME		FIRST NAME	
LAST NAME		LAST NAME	
DATE OF BIRTH		DATE OF BIRTH	
HOME #		HOME #	
CELL #		CELL #	
EMAIL		EMAIL	
MAILING ADDRESS			APT OR LOT NUMBER
CITY		STATE	ZIP

If you prefer direct deposit of your refund(s), please provide your banking information.

Name of Bank		Routing #	
Account Number			[ ] Checking or [ ] Savings

## YOUR MARITAL STATUS AND HOUSEHOLD INFORMATION

ON DECEMBER 31, 2024 were you: (Check appropriate box below)

[ ] SINGLE [ ] LEGALLY MARRIED [ ] LEGALLY SEPARATED [ ] DIVORCED [ ] WIDOWED

YES NO UNSURE

<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Are you or your spouse <b>legally blind</b> ?
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Were you or your spouse a fulltime student in 2024?
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Can you or your spouse can be claimed on someone else's tax return for 2024?
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Are you claiming dependents? If so, please complete page 3, 2024 Dependent Worksheet
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Did any of your dependents have unearned income (interest etc) over \$1,300 or earned income over \$14,600?
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Did you pay for <b>childcare</b> while you worked or looked for work?
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Did anyone in your household attend college in 2024? If so, include Form 1098-T

## HEALTHCARE

YES NO UNSURE

<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Did you or any member of your family purchase health insurance through the Marketplace (Healthcare.gov/Obamacare) in 2024? If so, please provide all Forms 1095-A for 2024.
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Did you receive funds from or contribute to an Health Savings Account for 2024? If so, include Form 1099-SA

**Continued on next page → → →**

**STATE RESIDENCY INFORMATION**

YES NO UNSURE

Were you and your spouse residents of the same state as your mailing address for all of 2024?

If not, list other state(s) and date of residence change:

**VIRTUAL CURRENCY AND FOREIGN BANK ACCOUNTS**

YES NO UNSURE

Did you or your spouse receive, sell, exchange or otherwise acquire any financial interest in virtual currency in 2024?

Did you have any interest in or a signature authority over a **foreign bank**, security or other financial account?

**MISC INFORMATION**

Did you make any energy efficient improvements to your primary residence in 2024?

Did you purchase a new or used **Electric Vehicle** in 2024?

Did the IRS assign you an **Identity Theft PIN (IP PIN)** this year or in the past?

Do you own a LLC, PPLC, Corporation etc registered with NC or any other state?

Did you make estimated tax payments for 2024 or apply a 2023 refund towards your 2024 taxes?

Did you provide a **Copy of your 2023 Tax Return?**

**NOTES**

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