



Please complete the following information and return to our office. Please provide a copy of you and your spouse's drivers license with your documents. If you have any questions, please give us a call.

Taxpayer name: _____ SSN: _____ Date of Birth: _____ Phone Number: _____ Occupation: _____

Spouse name: _____ SSN: _____ Date of Birth: _____ Phone Number: _____ Occupation: _____

Preferred Method of Contact (Please circle one) Email Phone Call Text

Email addresses: Taxpayer: _____ Spouse: _____

Mailing Address: _____ City: _____ State: _____ Zip Code: _____

Filing Status: _____ Married Filing Jointly _____ Married Filing Separately _____ Single _____ Head of Household _____ (_____)Widowed (YR of Spouse's Death)

Name (first, last): List information for Dependent(s):	Date of Birth:	Relationship to you (ex: son, daughter, parent, etc.):	No. of months lived in your home (in 2024):	Social Security Number :	Full-time student? Yes/No	Totally and Permanently Disabled? Yes/no	Did your and/or your spouse provide over half the cost of maintaining the home for this person? Yes/No

(If you have not already provided a copy of each dependent's social security card and birth certificate, please be sure and provide them to your tax preparer)

State of Residence as of 12/31/2024: You: _____ Full-Year/Part Year Your spouse: _____ Full-Year / Part Year

(Part-Year Residents) Dates of Residency for each state _____

Active Duty Military SOR Address (if other than mailing address): _____

Completion of Return:

Once your return is completed, would you like to electronically sign or have an in-person signing appointment? _____

Please note: If electronically signing, there is a \$20 postage fee to mail your tax documents back to you.

Would you like direct deposit if you are receiving a refund? Yes/No _____ If yes, please provide your Bank Name: _____

Routing Number: _____ Checking Account Number : _____

Would you like us to set up direct debit if you owe? Yes/No _____ (Note: Funds are never withdrawn without your authorization and until the return is signed) If yes, please provide your Bank Name: _____ Routing Number: _____ Checking Account Number: _____

Did you or your spouse receive any of the following Income: (If yes, please check and all tax documents will need to be provided)

Wage or Salary Income (W2): You: _____ Spouse: _____ Interest Income (1099-INT): You: _____ Spouse: _____
Dividend Income (1099-DIV): You: _____ Spouse: _____ Railroad Retirement Benefits (RRB-1099): You: _____ Spouse: _____
Stock/Bonds (1099-B): You: _____ Spouse: _____ Pension/IRA (1099-R): You: _____ Spouse: _____
Soc Security (SSA-1099): You: _____ Spouse: _____ Unemployment (1099-G): You: _____ Spouse: _____
Gambling Income (W-2G): You: _____ Spouse: _____ State Refund (1099-G): You: _____ Spouse: _____
Cancellation of Debt (1099-C): You: _____ Spouse: _____ Sale of Real Estate (1099-S): You: _____ Spouse: _____

Are you a Small Business Owner? You: _____ Spouse: _____

Taxpayer Use Only: Business & Income Expense Worksheet

Do you own Rental Property? You: _____ Spouse: _____

Taxpayer Use Only: Rental Property Worksheet

Alimony Received: You \$ _____ Spouse \$ _____ Date of Divorce Settlement: _____

Any other Income Source? _____ Explain _____

Do you serve in the Military Reserves? Yes/No _____ If yes, did you incur any expenses? \$ _____ (please provide receipts or worksheet of expenses)

Virtual Currency: At any time during 2024, did you receive, sell, send, exchange, or otherwise acquire any financial interest in virtual currency? Yes/No: _____

Adjustments to Income: (If yes, please check and all tax documents will need to be provided)

Alimony Paid \$ _____ Date of divorce settlement: _____ EX Name & SS# _____

Did you or your spouse make any contributions to a retirement account? (Yes/No) _____

Traditional IRA _____ Roth IRA _____ 401K _____ 403B _____ SEP _____ Other _____

Did you or your spouse make any contributions to a College 529 Plan? (Yes/No) If yes, please enter amount \$ _____

Did you or your spouse receive any distributions from a College 529 Plan? If yes, please provide the 1099-Q Form.

Student Loan Interest (1098-E): You: _____ Spouse: _____

Estimated Payments Made? Yes or No (Please provide proof of payments if available)

Federal: 1st Quarter _____ 2nd Quarter _____ 3rd Quarter _____ 4th Quarter _____

State: 1st Quarter _____ 2nd Quarter _____ 3rd Quarter _____ 4th Quarter _____

Credits

Child or Dependent Care Credit

Day Care Name: _____ EIN # _____ Paid \$ _____

Address: _____ Phone Number: _____

Education Credit (Form 1098-T)

How many years have you or your dependent claimed an education credit? _____ Tuition Paid \$ _____ Books, ETC. \$ _____

You MUST bring with you: Form 1098-T from the educational institution AND receipts for tuition and/or books OR a print out from the school showing tuition paid.

Itemized Deductions:

Medical

Did you, your spouse and/or dependents have coverage through the marketplace? Yes/No (If yes, please provide the Form 1095-A)

HSA used for Medical Expenses? Yes/No _____ Did your or your spouse have Long Term Care Insurance? Yes/No _____ If so, Annual Premium Amount \$ _____

(Medical Expenses that exceed 7.5% of Adjusted Gross Income)

Med INS \$ _____ Prescriptions \$ _____ Co-Pays \$ _____ Medical Mileage _____

Taxes & Interest

(Please provide 1098 Form) Mortgage Interest \$ _____ RE Taxes \$ _____

House 2nd Home Camper Boat RV (Circle all that apply)

Personal Property Taxes Paid on Vehicles: \$ _____

Contributions

Charities \$ _____ Church \$ _____ Non-Cash \$ _____ Charitable Miles _____ Other \$ _____

Please provide any additional information pertinent to this tax return: _____

To the best of my knowledge, the above information accurately reflects my transactions for the tax year. I have not withheld any information regarding income, nor will I hold Lewis Accounting & Tax Service, Inc., or its employees, responsible for anything that I have not disclosed.

Taxpayer or Spouse Signature

Date