

# Client Information Sheet Tax Year 2025

CFG T&A LLC



Filed with our Firm Last Year  
New Client

Date \_\_\_\_\_

## ① Primary Taxpayer

Social Security # \_\_\_\_\_  
Full Name \_\_\_\_\_  
Occupation \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Preferred Phone # \_\_\_\_\_  
Address \_\_\_\_\_  
E-Mail \_\_\_\_\_  
Is anyone claiming you as a dependent? \_\_\_\_\_  
Y/N

## ② Spouse

Social Security # \_\_\_\_\_  
Full Name \_\_\_\_\_  
Occupation \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Preferred Phone # \_\_\_\_\_  
Address \_\_\_\_\_  
E-Mail \_\_\_\_\_  
Is anyone claiming you as a dependent? \_\_\_\_\_  
Y/N

③ Did you make any estimated tax payments? If so, please provide the date(s) of payment and amounts

④ Did the IRS mail you a PIN Number for this year? If so, please provide us with the PIN # \_\_\_\_\_

## ⑤ Marital Status

Single \_\_\_\_\_ Head of Household \_\_\_\_\_  
Married filing Joint \_\_\_\_\_ Qualifying Widow(er) \_\_\_\_\_  
Married Filing Separate \_\_\_\_\_

## ⑥ Dependents

Name	Relationship	Date of Birth	Social Security #
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

## ⑦ Dependent Care Expenses

Dependent's Name	Name & Address of Provider	EIN #	Amount Paid
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

## ⑧ Digital Currency

At any time during 2025, did you receive, sell, send, exchange or otherwise acquire any financial interest in any virtual currency? \_\_\_\_\_ YES (please elaborate below) \_\_\_\_\_ NO

**9 College Expenses**

Student's Name Name & Address of College EIN # Amount Paid

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**10 Marketplace Health Coverage**

Did anyone on your Tax Return purchase Health Insurance Coverage from the Marketplace through the website healthcare.gov?

YES \_\_\_\_\_ (must provide form 1095-A) NO \_\_\_\_\_

**11 Refund Direct Deposit Information**

If you receive a refund, would you like it Direct Deposited into a Bank Account?

YES	NO

If you want Direct Deposit, please provide the following:

\_\_\_\_\_  
Name of Banking Institution Routing # Account # Checking Savings \_\_\_\_\_

**12 Payment for Services**

\_\_\_\_\_ I will pay my Tax Preparation Fee at the time of Completion

\_\_\_\_\_ I would like my Tax Preparation Fee deducted from my refund for an additional \$75 charge

**13 Identification**

We are required to maintain proof of your identity. Be sure we have a current copy of your Driver's License, a State-issued ID Card, or a Passport.

**14 Additional Information**

If there are any special circumstances that you need to make us aware of, please use the space below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**15 Declaration of Responsibilities**

In the event of an Audit, you will be responsible for documenting the deductions taken on your Tax Return. Be sure to keep all tax forms, receipts, check images, and/or proof of charitable contributions for at least 4 years. Taxpayers with Real Estate should keep property records for the life of ownership.

I certify that the information and statements provided on this form are true and correct to the best of my knowledge, and that I understand the record keeping requirements.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

