

## REQUIRED PERSONAL INFORMATION

### TAXPAYER:

\_\_\_\_\_  
First Name

\_\_\_\_\_  
M.I.

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Driver's License #

\_\_\_\_\_  
Date Issued

\_\_\_\_\_  
State

\_\_\_\_\_  
Expiration Date

### SPOUSE:

\_\_\_\_\_  
First Name

\_\_\_\_\_  
M.I.

\_\_\_\_\_  
Last Name (if different)

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Driver's License #

\_\_\_\_\_  
Date Issued

\_\_\_\_\_  
State

\_\_\_\_\_  
Expiration Date

### ADDRESS:

\_\_\_\_\_  
Present Home Address

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
County of Residence

\_\_\_\_\_  
School District of Residence

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
E-Mail Address

## DEPENDENTS (use back if needed)

First Name	Last Name	Date of Birth	Social Security Number	Relationship	Live in Your Home in 2024
_____	_____	_____	_____	_____	Y / N
_____	_____	_____	_____	_____	Y / N
_____	_____	_____	_____	_____	Y / N
_____	_____	_____	_____	_____	Y / N

## GENERAL QUESTIONS

Were there any births, adoptions, marriages in your household in 2024? **Y / N**      If Yes, provide Date: \_\_\_\_\_

Were there any separations or deaths in your household in 2024? **Y / N**      If Yes, provide Date: \_\_\_\_\_

Have you moved since January 1, 2024? **Y / N**      If Yes, provide Date: \_\_\_\_\_  
 If Yes, provide addresses of **all** places of residence.  
 If Yes, and you sold your home, provide us with the settlement statement.

Were you or your spouse claimed as a dependent on anyone else's return? **Y / N**

Did you or your spouse have eligible dependents who are required to file a tax return? **Y / N**  
 If Yes, provide us with a copy of their returns.

## GENERAL QUESTIONS (continued)

Did you, your spouse, or dependent(s) have health insurance through the Market Place for 2024? **Y / N**  
If Yes, provide us with Form 1095-A.

Did you or your spouse have a Health Savings Account? **Y / N**  
If Yes, provide a copy of **both** Form 1099-SA and Form 5498-SA.

Did you, your spouse or dependent(s) attend college during 2024? **Y / N**  
If Yes, provide us with Form 1098-T.

Did you, your spouse, or dependent(s) receive a Identity Protection PIN notice from the IRS? **Y / N**  
If Yes, provide a copy of the notice.

## OTHER INFORMATION

### QUARTERLY ESTIMATED TAX PAYMENTS MADE TO THE IRS, STATE, & LOCAL GOVERNMENTS

FEDERAL	
April-24	\$
June-24	\$
September-24	\$
January-25	\$

STATE	
April-24	\$
June-24	\$
September-24	\$
January-25	\$

SCHOOL	
April-24	\$
June-24	\$
September-24	\$
January-25	\$

CITY	
April-24	\$
June-24	\$
September-24	\$
January-25	\$

### PROVIDE PROOF OF PAYMENTS

**\*\*\* REQUIRED \*\*\***

**MUST be signed in order for us to prepare your returns for 2024**

**If you desire to have any refund direct deposited into your bank account provide the following information.**

Bank Routing Number: \_\_\_\_\_ Account Number: \_\_\_\_\_ Type: Ckg / Svgs

The undersigned authorize Brentlinger & Associates, Inc. to prepare all required individual income tax returns for 2024 and certify their banking information provided above is correct.

\_\_\_\_\_  
Taxpayer

\_\_\_\_\_  
Spouse