

Boyle & Henderson, P.C. Client Data Sheet

Albia: 641-932-7567

Oskaloosa 641-673-4571

Ottumwa: 641-682-2640

<u>TAXPAYER Name</u>	<u>Date of Birth (if new client)</u>	<u>Social Security #(if new client)</u>

<u>SPOUSE Name</u>	<u>Date of Birth (if new client)</u>	<u>Social Security #(if new client)</u>
<u>Address</u>	<u>City</u>	<u>State</u> <u>Zip Code</u>
<u>County</u>	<u>School District</u>	<u>Phone Number</u>
<u>Email</u>		

If you moved from one state to another in 2024, please provide date of move: _____

Marital Status as of 12/31/2024: Single Married Separated (>6 months of 2024) Widower

Filing HOH Claimed as a dependent on another return

Were there any changes to your family/household for 2024 (marriage, divorce, new dependent, death, etc.)? If yes, please provide details such as date of death, etc.

DEPENDENTS:

<u>Name</u>	<u>Social Security #</u>	<u>Date of Birth</u>	<u>Months Lived in Home</u>	<u>Relationship and M or F</u>	<u>In College? If yes, 1098-T included?</u>

Do any of the children have a disability? Yes No

Is it anticipated that a different taxpayer will seek to claim a child listed above as a dependent for tax year 2024?

Yes _____ Which dependent _____ No _____

Please provide your banking information for direct deposit of refund:

<u>Bank Name</u>	<u>Routing Number</u>	<u>Account Number</u>	<u>Checking</u>	<u>Savings</u>