

New client _____
 Returning Client _____

MARKOWITZ AND ASSOCIATES, LTD.

Do you have an IP Pin issued? - If Yes please provide your letter

TAX PAYER

SPOUSE

Last name: _____ First name: _____ MI: _____ Suffix: _____ Social Security: _____ - _____ - _____ Occupation: _____ Date of Birth: _____ Email: _____ Phone: _____ (circle one) Cell, Home, Work Phone: _____ (circle one) Cell, Home, Work	Last name: _____ First name: _____ MI: _____ Suffix: _____ Social Security: _____ - _____ - _____ Occupation: _____ Date of Birth: _____ Email: _____ Phone: _____ (circle one) Cell, Home, Work Phone: _____ (circle one) Cell, Home, Work
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IDENTITY VERIFICATION: Did you or your spouse get a new driver's license? If yes please update info

DL/ID: State _____ # _____ DL/ID: Issue date _____ Exp date _____	DL/ID: State _____ # _____ DL/ID: Issue date _____ Exp date _____
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CURRENT ADDRESS: Did you move? When? _____ If yes, please update info

Mailing Address: _____ City: _____ State: _____	Apartment: _____ Zip: _____
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For DIRECT DEPOSIT of refunds or ELECTRONIC WITHDRAWAL of balances due: Did your banking info change? If yes, please update

Bank Name: _____ Account Type: _____	Bank Routing # : _____ Account # : _____
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FILING STATUS: Please answer these questions to help us determine how you are filing for this tax year.

1) Were you legally married on December 31st of the tax filing year? Yes ___ No ___ Complete Tax Credit Form

2) Were any children living in your home during the tax filing year? Yes ___ No ___ Complete Tax Credit Form

3) Is anyone else providing income to the household? Yes ___ No ___ Complete Tax Credit Form

DEPENDENTS: If dependent lived with someone else more than half the year please provide the 8332

Full Name First and Last	SSN #	D.O.B.	Relationship son/daughter/other	Claiming (Y/N)
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- 1) _____
- 2) _____
- 3) _____
- 4) _____
- 5) _____

Please mark all source documents you provided today.

	TAX PAYER	SPOUSE	DEPENDENT
1) <u>W2s</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2) <u>Pension</u> (1099R)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3) <u>Social Security</u> (SSA1099)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4) <u>Unemployment</u> (1099G)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5) <u>Gambling Income</u> (W2G)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6) <u>Cancellation of Debt</u> (1099C)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7) <u>Investments</u> (1099DIV, 1099INT)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8) <u>Self Employment</u> (1099 NEC, 1099K, Income, Summary of Expenses)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9) <u>Rental Property</u> (Income, Summary of Expenses)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10) <u>Health Care Marketplace</u> (1095A)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11) <u>Health Savings Account</u> (1099SA, 5498SA)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12) <u>529 Plans</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Tax Year Standard Deduction

Single: \$14,600 / Married (Joint): \$29,200 / HOH: \$21,900

	Yes	No	N/A
13) <u>Digital Assets/Crypto Currency</u> (If yes, complete Digital Assets questionnaire)	<input type="checkbox"/>	<input type="checkbox"/>	
14) <u>Did you or a dependent attend college?</u> (1098T, 1098E)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15) <u>Did you provide a dependent care statement</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16) <u>Medical Expenses</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17) <u>Charitable Contributions</u> (1098C, acknowledgement letter)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18) <u>Vehicle Excise Tax</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19) <u>Sale of real estate</u> (1099, HUD-1, closing documents)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20) <u>Mortgage Statement</u> (1098)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21) <u>Property Tax</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22) <u>Rent Paid</u> (Address, Land Lord, Amount)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23) <u>Did you make Estimated Payments?</u> (Please list information)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q1 Date Paid: _____ Amount: (Fed Paid) _____ (State Paid) _____
 Q2 Date Paid: _____ Amount: (Fed Paid) _____ (State Paid) _____
 Q3 Date Paid: _____ Amount: (Fed Paid) _____ (State Paid) _____
 Q4 Date Paid: _____ Amount: (Fed Paid) _____ (State Paid) _____

Are there any major changes or updates we need to know for this tax year? _____

I have disclosed the above information to Markowitz and Associates, Ltd for the preparation of my 2024 income tax return. I further submit that this information is correct the the best of my knowledge.

Signature: _____

Printed Name: _____

Date: _____