

2024 CUSTOMER INFO SHEET—PERSONAL INCOME TAX

TAXPAYER INFORMATION:

LEGAL NAME: _____ SSN: _____
 NAME YOU PREFER TO BE CALLED: _____ PRONOUNS: _____
 ADDRESS _____ DATE OF BIRTH: _____
 PHONE #: _____ EMAIL: _____ OCCUPATION: _____
 DRIVERS LICENSE #: _____ STATE: _____ ISSUE DATE: _____ EXPIRATION DATE: _____
 PREFERRED METHOD OF CONTACT: EMAIL PHONE
 PREFERRED TAX PREPARER: EVE ANNE SAMANTHA ELLIS RYAN NO PREFERENCE

WERE YOU MARRIED AT ANY TIME IN 2024? Y N (IF YES, PLEASE PROVIDE EITHER SPOUSE INFO BELOW OR DATE OF DIVORCE/SEPARATION):

SPOUSE INFORMATION:

LEGAL NAME: _____ SSN: _____
 NAME YOU PREFER TO BE CALLED: _____ PRONOUNS: _____
 ADDRESS: _____ DATE OF BIRTH: _____
 SAME AS TAXPAYER: Y
 PHONE #: _____ EMAIL: _____ OCCUPATION: _____
 DRIVERS LICENSE #: _____ STATE: _____ ISSUE DATE: _____ EXPIRATION DATE: _____
 PREFERRED METHOD OF CONTACT: EMAIL PHONE

DEPENDENTS

NAME	DOB	SSN	SON/DAUGHTER/OTHER	MONTHS IN HOME

FOR CHILDREN UNDER 13, DID YOU HAVE CHILDCARE EXPENSES? Y N

*****IF YES, PLEASE FILL OUT A CHILDCARE WORKSHEET

ESTIMATED TAX PAYMENTS:

IF YOU MADE ANY PAYMENTS (NOT THROUGH WITHHOLDING) TO FEDERAL OR STATE, PLEASE LIST AMOUNTS AND DATES PAID BELOW:

	DATE PAID	DATE PAID	DATE PAID	DATE PAID	total
Federal	\$	\$	\$	\$	\$
State	\$	\$	\$	\$	\$

HEALTHCARE

DID ANYONE PURCHASE INSURANCE THROUGH HEALTHCARE.GOV? Y

*****IF YES, PLEASE PROVIDE ALL 1095-A FORMS.

WE WILL NOT BE ABLE TO FILE YOUR TAX RETURN WITHOUT THIS INFORMATION

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IMPORTANT QUESTIONS, MUST CHECK YES OR NO FOR ALL THE FOLLOWING QUESTIONS!

DID YOU HAVE ACTIVE-DUTY MILITARY PAY? Y N

ARE YOU A MILITARY RESERVISTS? Y N

DID YOU SELL /TRADE/GIFT/RECEIVE ANY VIRTUAL CURRENCY/DIGITAL ASSESTS (SUCH AS BITCOIN, NFTs)? Y N

DO YOU HAVE ANY INTEREST OR AUTHORITY OVER ANY NON-US BANK ACCOUNTS OR TRUSTS? Y N

DID YOU RECEIVE A GIFT FROM ANY NON-US PERSON (CASH OR NON-CASH)? Y N

DID YOU GIVE A (CASH OR NON-CASH) GIFT OF MORE THAN \$18,000 TO ANYONE OR ANY ENTITY (SUCH AS A TRUST)? Y N

HAVE YOU DONE ESTATE PLANNING/HAVE A WILL OR TRUST? Y N

SOURCES OF INCOME:

CHECK ALL THAT APPLY

X	INCOME TYPE	X	INCOME TYPE
<input type="checkbox"/>	WAGES (FORM W2)	<input type="checkbox"/>	UNREPORTED TIP INCOME
<input type="checkbox"/>	INTEREST (FORM 1099-INT)	<input type="checkbox"/>	RENTAL INCOME
<input type="checkbox"/>	DIVIDEND (FORM 1099-DIV)	<input type="checkbox"/>	SELF EMPLOYMENT/CONTRACTOR INCOME
<input type="checkbox"/>	UNEMPLOYMENT	<input type="checkbox"/>	ALIMONY
<input type="checkbox"/>	RETIREMENT/PENSION (FORM 1009-R)	<input type="checkbox"/>	GAMBLING/LOTTERY WINNINGS
<input type="checkbox"/>	SOCIAL SECURITY	<input type="checkbox"/>	FOREIGN EARNINGS
<input type="checkbox"/>	PARTNERHIP/S-CORP/TRUST (FORM K-1)	<input type="checkbox"/>	STATE TAX REFUND

INCOME—SPECIAL SITUATIONS:

DID YOU SELL ANY STOCK? Y N IF YES, WERE ANY SALES:

EMPLOYEE STOCK PARTICIPATION (ESPP) SHARES Y N

RESTRICTED STOCK UNITS (RSU--SHARES THAT VEST OVER TIME) Y N

INCENTIVE STOCK OPTIONS (ISO—SHARES YOU CAN BUY AT A GUARANTEED PRICE) Y N

DID YOU SELL A HOME? Y N

DID YOU HAVE INCOME FROM SELLING ITEMS ON EBAY OR THROUGH VENMO/PAYPAL/CASHAPP OR THE EQUIVALENT? Y N

DID YOU RECEIVE INCOME FROM CASH OR NON-CASH SOURCES NOT ADDRESSED ABOVE? Y N

DID YOU OPEN A NEW LLC OR CORPORATION ANYWHERE (INSIDE OR OUTSIDE THE US)? Y N

DID YOU HAVE A WILDFIRE RELATED LOSS FROM 2020-2024? Y N

IF YOU HAVE A REFUND AND WOULD LIKE DIRECT DEPOSIT, PLEASE PROVIDE YOUR BANK ROUTING AND ACCOUNT NUMBER:

ON FILE: Y

BANK NAME: _____

ROUTING NUMBER (9 DIGITS): _____

ACCOUNT NUMBER: _____

THIS ACCOUNT IS: CHECKING SAVINGS

DEDUCTIONS/ADDITIONAL INFORMATION:

CHECK ALL THAT APPLY. PLEASE INDICATE IF THE DEDUCTION APPLIES TO TAXPAYER (T) OR SPOUSE (S) OR BOTH.

T	S	DO/ARE YOU:	T	S	DO/ARE YOU:
		K-12 TEACHER			OWN A HOME
		CONTRIBUTE TO AN HSA			PAY PROPERTY TAX
		HAVE HSA DISTRIBUTIONS			LIVE/WORK IN MULTIPLE STATES
		CONTRIBUTE TO AN IRA /SEP IRA (Not through an employer)			HAVE UNREIMBURSED MEDICAL EXPENSES
		PAY ALIMONY			DONATE MONEY TO CHARITY TOTAL DONATED: \$
		PAY COLLEGE TUITION (Please provide form 1098-T)			DONATE GOODS TO CHARITY FAIR MARKET VALUE: \$
		ADOPT A CHILD			MADE POLITICAL DONATIONS TOTAL DONATED: \$
		HAVE LONG TERM CARE INSURANCE (Please provide premium info)			DID YOU MAKE ANY QUALIFIED ENERGY EFFICIENT IMPROVEMENTS TO YOUR HOME?
		PUT MONEY IN THE OREGON COLLEGE SAVINGS PLAN (Please provide donation info)			DONATE TO THE OREGON CULTURAL TRUST
		STUDENT LOAN INTEREST (Please provide form 1098-E)			DID YOU BUY OR SELL AN ELECTRIC/HYBRID VEHICLE

By signing this statement, I agree that the information furnished to In or Out Tax Services, Inc. for the preparation and filing of my tax return is true, correct and complete to the best of my knowledge. In or Out Tax Services, Inc’s liability is limited to paying penalties due to their error, if we agree that penalties are due to our error, we reserve the right to ask for an abatement from the governing agency first. In or Out Tax Services, Inc is not responsible for interest or penalties resulting from inaccurate or incomplete information. In addition, I agree to pay an hourly fee of \$250/hour if I decline to complete my tax return with In or Out Tax Services, Inc after work has begun. The minimum hourly fee in this instance is equal to any deposit amount already paid.

Customer Signature

Date