2025 CUSTOMER INFO SHEET—PERSONAL INCOME TAX

TAXPAYER INFORMATION:

LEGAL NAME: _____ SSN: _____

NAME YOU PREFER TO BE CALLED: _____ PRONOUNS: _____

ADDRESS: _____CITY: _____

STATE _____ ZIPCODE: _____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 2025? ☐ Y ☐ N

(IF YES, PLEASE PROVIDE SPOUSE INFO BELOW OR DATE OF DIVORCE/SEPARATION):

SPOUSE INFORMATION:

LEGAL NAME: _____ SSN: _____

NAME YOU PREFER TO BE CALLED: _____ PRONOUNS: _____

ADDRESS: _____CITY: _____

STATE _____ ZIPCODE: _____DATE OF BIRTH:_____

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

WOULD YOU LIKE INFO ON THE NEW CHILD SAVINGS ACCOUNTS ("TRUMP ACCOUNT")? ☐ **Y**

_____

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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	$	$	$	$	$

Other estimated taxes paid such as Multnomah Preschool for All, list type, amount and date paid.

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**

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 $19,000 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 **SOURCES OF INCOME** THAT APPLY

X	INCOME TYPE	X	INCOME TYPE
☐	WAGES (FORM W2) **(If you received overtime pay, please provide your final paystub(s) from 2025)**	☐	UNREPORTED TIP INCOME
☐	INTEREST (FORM 1099-INT)	☐	RENTAL INCOME
☐	DIVIDEND (FORM 1099-DIV)	☐	SELF EMPLOYMENT/CONTRACTOR INCOME
☐	UNEMPLOYMENT	☐	ALIMONY

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☐	RETIREMENT/PENSION (FORM 1009-R)	☐	GAMBLING/LOTTERY WINNINGS
☐	SOCIAL SECURITY	☐	FOREIGN EARNINGS
☐	PARTNERHIP/S-CORP/TRUST (FORM K-1)	☐	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 TAKE OUT A LOAN TO PURCHASE A 2025 MODEL YEAR CAR? ☐ Y ☐ N

IF YOU HAVE A REFUND PLEASE PROVIDE YOUR BANK ROUTING AND ACCOUNT NUMBER: Paper checks will take 6-8 weeks longer to process.

ON FILE: ☐ Y

BANK NAME: _____

ROUTING NUMBER (9 DIGITS): _____ ACCOUNT NUMBER: _____

THIS ACCOUNT IS: CHECKING ☐ SAVINGS ☐ OTHER ☐

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

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☐	☐	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 DONATONS **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

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This form is used to gather data about the race and ethnicity of Oregon taxpayers. This data will help Orgon work toward fairness and equity in our personal income tax system. It can't be used for any other purpose. Completing this form is voluntary.

If you choose to file this form, we may use your Social Security number (SSN) or individual taxpayer identification number (ITIN) to match your tax return and account information to your voluntary self-identification (VSI) data for the purposes described above. If no form is filed, the department will not use your SSN or ITIN for those purposes. [Oregon Administrative Rule (OAR) 150-316-0662.]

Please complete a separate form for the taxpayer and spouse (if applicable).

If your filing status is Married Filing Jointly and your name is listed second on the tax return, check here: ☐

Using the codes shown in the table, enter your primary race or ethnicity in box 1, and up to two additional races or ethnicities in boxes 2 and 3.

Note: If you don't have a primary racial or ethnic identity, mark the box under line 1 and enter up to three codes from the table.

I don't have a primary race or ethnic identity ☐ **I OPT OUT** ☐

Primary Race: Additional Race: Additional Race:

American Indian and Alaska Native	
American Indian	101
Alaska, Native	102
Canadian Inuit, Metis or First Nation	103
Indigenous Mexican, Central American or South American	104
Other American Indian and Alaska Native	199
Native Hawaiian and Pacific Islander	
CHamoru (Chamorro)	701
Fijian	702
Marshallese	703
Micronesia Region	704
Native Hawaiian	705
Samoan	706
Tongan	707
Other Native Hawaiian and Pacific Islander	799

Asian	
Afghan	201
Asian Indian	202
Cambodian/Khmer	203
Chinese	204
Communities of Myanmar	205
Filipino/a	206
Hmong	207
Indonesian	208
Japanese	209
Korean	210
Laotian	211
Pakistani	212
South Asian	213
Taiwanese	214
Thai	215
Vietnamese	216
Other Asian	217
Other	
Another category not listed	901
Don't know	999

Black and African American	
African American	301
Afro-Caribbean	302
Ethiopian	303
Haitian	304
Jamaican	305
Nigerian	306
Somali	307
Other Black and African American	399
Jewish	
Ashkenazi	501
Sephardi	502
Other Jewish	599
Middle Eastern/North African/SWANA	
Egyptian	601
Iranian	602
Iraqi	603
Israeli	604
Lebanese	605
Pakistani	606
Syrian	607
Turkish	608
Other Middle Eastern/North African/SWANA	699

Hispanic and Latino/a/x/e	
Afro-Latino/a/x/e	401
Central American	402
Cuban	403
Dominican	404
Guatemalan	405
Mexican	406
Puerto Rican	407
Salvadoran	408
South American	409
Other Hispanic and Latino/a/x/e	499
White	
English	801
German	802
Irish	803
Italian	804
Polish	805
Romanian	806
Russian	807
Scottish	808
Slavic	809
Ukrainian	810
Other White	899

For more information on Voluntary Self Identification of Race and Ethnicity, visit this link:

https://www.oregon.gov/dor/Documents/VSI%20Flyer%20English.pdf

Or scan this QR code

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.

_____ _____

Taxpayer Signature Date