

# 2025 Client Checklist

Form Must Be **FULLY** Completed

Client Name \_\_\_\_\_

## Personal Information

- \_\_\_\_\_ Prefer Hard or Electronic Copy of Return, \$20 Charge for Both
- YES/NO \_\_\_\_\_ Did You Have Any Foreign Accounts Or Assets (Outside of USA)
- YES/NO \_\_\_\_\_ Did You Purchase, Sell, Receive or Trade Any Cryptocurrency or Digital Asset/NFT Including an ETF *Need 1099-DA*
- YES/NO \_\_\_\_\_ Did You Purchase a NEW Vehicle With A Loan *Need VIN & Yearly Interest Paid*
- YES/NO \_\_\_\_\_ Did Your Address, Occupation or Marital Status Change *Note Below*
- YES/NO \_\_\_\_\_ Did You Add or Remove Any Dependents
- YES/NO \_\_\_\_\_ Did You Change or Renew Your Drivers License  
If yes or new, a copy of the front is required for our file
- YES/NO \_\_\_\_\_ Did You Receive Any Tip Income *Need Information*
- YES/NO \_\_\_\_\_ Did You Receive Any Overtime Compensation *Need Final Paystub*
- YES/NO \_\_\_\_\_ Did You Receive Any IRS or Oregon Letters or Notices  
If Claiming a Dependent Are **ALL TRUE**, They Lived With You Over 6 Months,
- YES/NO \_\_\_\_\_ No One Else Can Claim Them, & You Have Never Had Credit Disallowed
- YES/NO \_\_\_\_\_ If Claiming a Dependent, Do They Have an IEP or an ISP
- YES/NO \_\_\_\_\_ If Claiming a Dependent, Would You Like To Open a Trump Account
- YES/NO \_\_\_\_\_ Would You Like To Disclose Ethnicity to Oregon *Need Information*

## Income, Answer YES or NO On Each Line

- \_\_\_\_\_ Wages *Need W-2*
- \_\_\_\_\_ Unemployment Compensation *Need 1099-G*
- \_\_\_\_\_ Interest Income *Need 1099-INT*
- \_\_\_\_\_ Dividend Income *Need 1099-DIV*
- \_\_\_\_\_ Social Security Income *Need 1099-SSA*
- \_\_\_\_\_ Retirement or Pension Income *Need 1099-R*
- \_\_\_\_\_ Rollover or Conversion of IRA or 401k *Need 1099-R*
- \_\_\_\_\_ Gambling, Lottery or Other Winnings *Need W2-G*
- \_\_\_\_\_ Stock Sales *Need Basis and Reporting Forms*
- \_\_\_\_\_ Hobby Income *Need Cost of Goods Sold & Income Amounts*
- \_\_\_\_\_ Debt Cancellation *Need 1099-C or 1099-A*
- \_\_\_\_\_ Business Income and Expenses
- \_\_\_\_\_ Business Mileage - Log Required
- \_\_\_\_\_ Rental Income & Expenses
- \_\_\_\_\_ Are You Required to File 1099s For Your Business or Rental  
If Yes, Were They Filed
- \_\_\_\_\_ Any S-Corp, Partnership or Trust/Estate Income *Need K-1*
- \_\_\_\_\_ Received Paid Leave Oregon *Need 1099-MISC or 1099-G*

Yes/No **DID YOU HAVE ANY OTHER INCOME OR INFORMATION NOT LISTED**

If Yes, Describe \_\_\_\_\_

\_\_\_\_\_  
Taxpayer Signature

\_\_\_\_\_  
Date

## Direct Deposit Information

**Direct Deposit Is Now Required for All Federal Refunds Per the IRS if You Have A Bank Account**

If Same Account as Last Year Please Note "Same" (Info Not Required Unless New Client)

Bank Name \_\_\_\_\_  
 Routing Number \_\_\_\_\_  
 Account Number \_\_\_\_\_  
 Account Type \_\_\_\_\_ Checking \_\_\_\_\_ Savings

## Other Information, Answer YES or NO On Each Line

- \_\_\_\_\_ Contributed To Oregon Saves Plan Via Payroll *Need Amount*
- \_\_\_\_\_ Contributed To Retirement Plan, Traditional/Roth IRA or Other  
*Only Contributions NOT Made Through Employer*
- \_\_\_\_\_ Paid Qualified College Expenses *Need 1098-T*
- \_\_\_\_\_ Paid Child Care Expenses *Need Provider Info and Amounts*
- \_\_\_\_\_ Made Estimated Tax Payments *Need Dates and Amounts*
- \_\_\_\_\_ Paid Medical Expenses, **If 66+ Need All Amounts** Totalled Per Taxpayer
- \_\_\_\_\_ Any HSA Contributions or Distributions *Need 5498-SA or 1099-SA*  
If Yes, Were all the Distributions Spent on Qualified Expenses
- \_\_\_\_\_ Contributed to 529 College Savings Plan *Need Amount*
- \_\_\_\_\_ Are You the Beneficiary of a 529 Plan
- \_\_\_\_\_ Paid Portland Arts Tax *Need Amount*
- \_\_\_\_\_ Paid Real Estate/Property Tax *Need Amount or 1098*
- \_\_\_\_\_ Paid Mortgage Interest *Need 1098*
- \_\_\_\_\_ Paid on A HELOC or Home Equity Loan *Need Documents*
- \_\_\_\_\_ Bought, Sold or Refinanced a Home or Property *Need Settlement Statement*
- \_\_\_\_\_ Made Student Loan Payments *Need 1098-E*
- \_\_\_\_\_ Contributed Money to Charities/Political/Cultural Trusts *Need Amounts*
- \_\_\_\_\_ Made Charitable Contributions Other Than Money  
(Goodwill, St Vincent De Paul, Etc.) *Need Itemized List With Values & Receipts*
- \_\_\_\_\_ Paid Out of Pocket For Health Insurance *Need Amount*
- \_\_\_\_\_ Paid for Health Insurance Through The Marketplace *Need 1095-A*
- \_\_\_\_\_ Does Anyone On Return Have An IP Pin Number *Need Document*
- \_\_\_\_\_ Did You Make Any Energy Improvements To Your Home *Need Receipts & QMID #*
- \_\_\_\_\_ Do You Expect Major Changes For Next Year *Note Below*
- \_\_\_\_\_ Do You Have Any Questions For Me *Note Below*

\_\_\_\_\_  
Spouse Signature

\_\_\_\_\_  
Date