

2025/Tax Year 2024 Client Information

Kathy's Tax Service LLC

Will prepare your federal and state income tax returns based on the information you give to us. It is your responsibility to provide all the information necessary to complete your tax returns at the **beginning** of preparation. You will keep all necessary supporting documentation should it be needed for an audit examination later either by the IRS or state. You acknowledge that should you receive any letters from the IRS or State requesting more information that your Tax Prep fees do not cover this and you may be required to pay a separate fee starting at \$125 per hour. Should you choose "Fee Collect" and your income tax refund is kept by the Internal Revenue Service (IRS) to be applied to a prior debt, you agree to pay the original preparation fee to settle your account.

If data is entered into our tax preparation software and you elect to go elsewhere to file your taxes a **Minimum \$150 Consultation Fee** applies.

Taxpayer

Social Security Number

Name _____

Address _____

City/ State/ Zip Code _____

Date of Birth _____

Spouse

Social Security Number

Name _____

Address if different: _____

City/ State/ Zip Code _____

Date of Birth _____

Cell Phone# _____

Cell Phone# _____

E-mail Address: _____

E-mail Address: _____

Did you or your spouse have "Marketplace" Health Insurance? _____yes or _____no **IF YES**, have you included your Marketplace Insurance Form 1095-A? _____

Dependent Information: Same as last year - NEW this year OR (Please circle one) Please complete a the Due Diligence worksheet if you have ANY dependents. (This is required by law to be on file in our office if you have ANY dependents.)

You represent to us that the information supplied is true, complete, and correct.

XX

I agree to receiving automated phone calls and/or text messages at the phone numbers supplied above about my tax returns and future reminders/offers (Not a condition for service).

(Both spouses must sign for the preparation of joint returns)

Taxpayer Signature

Date

Spouse Signature

Date

Dependent Information – **New Child** **Same dependents as last year**

Name / Social Security Number	Relationship to You	# Months Lived in Your home in 2020	Birth Date	Full Time Student	U.S. Citizen	Health Insurance
_____ 1) Name _____ Social Security Number	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____ 2) Name _____ Social Security Number	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____ 3) Name _____ Social Security Number	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____ 4) Name _____ Social Security Number	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____ 5) Name _____ Social Security Number	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

You represent to us that the information provided is true, complete and accurate.

(Both spouses must sign for the preparation of joint returns)

Taxpayer Signature

Date

Spouse Signature

Date

Due Diligence Questionnaire

Name/ID:	TaxYear:
Preparer conducting interview:	Date of interview:
Method of interview (e.g., phone, in-person, email):	

Check if not applicable

Check if document requested and relied upon to support claim

Filing Status		Taxpayer's Response		
1	Are you married?	YES	or	NO
2	Are you divorced?	YES	or	NO
3	Are you separated?	YES	or	NO
4	When will/was your divorce be final?	Date:		
5	Have you lived apart from your spouse for the last 6 months of the year?	YES	or	NO
6	Did you maintain more than half of the cost of the home?	YES	or	NO
7	Is your spouse deceased? If yes, date of death: _____	YES	or	NO
8	Other:			
9	Other:			



Qualifying Child No. 1 from page 2 above:		Taxpayer's Response		
1	What school did your child attend? Name of School:			
2	Where does your child live? Main home address:			
3	Does your child live with the other parent?	YES	or	NO
4	What does your separation/divorce agreement state regarding who claims the child?	YES or NO		If yes: attach a copy
5	Did the child pay for his/her own support during the year, such as food, rent, etc.?	YES	or	NO
6	What is your child's birthdate? DOB(s):			
7	Is your child married and filing joint?	YES	or	NO
8	Does the child have a valid social security number or ITIN?	YES	or	NO
9	Is the child disabled? If yes, answer "a" through "c".	YES	or	NO
	a What type of disability does the child have?			
	b Does the child receive SSI or other disability payments?			
	c Do you have a letter from the child's doctor/healthcare provider stating that the child is permanently and totally disabled?			
10	Other:			
11	Other:			

Relationship Test		Taxpayer's Response		
1	If other than the taxpayer's son or daughter, does the child's biological parents live with the child? If no, where are the biological parents?			

If taxpayer has more than one child, enter additional information per child above here or on a separate sheet.

SIGNATURE of taxpayer completing this form: _____

Kathy's Tax Service, LLC

Check if not applicable 
 Check if document requested and relied upon to support claim 

Form 1098-T		Taxpayer's Response			
1	Has the student ever been convicted of a felony for the possession or distribution of a controlled substance (drugs)?	YES	or	NO	
2	Has the student completed the first 4 years of postsecondary education (a grad student)?	YES	or	NO	
3	Was the student enrolled at least half time for at least one academic period?	YES	or	NO	
4	How many years have you claimed the American opportunity tax credit?	1	2	3	4
5	Did you pay additional amounts for books?	YES or NO; If yes, Total Amt\$			
6	Are there any other fees not on Form 1098-T?	YES or NO; If yes, Total Amt\$			
7	How many months was the student in school? number of months enrolled:				
8	Does the student have earned income?	YES or NO; If yes, Total Amt\$			
9					
10	Other:				

Business Income		Taxpayer's Response			
1	How long have you owned your business? Please attach documentation!				
2	Do you have any documentation to substantiate your business?	YES or NO;			
3	Who maintains the business records for your business?				
4	Do you have separate bank accounts for personal and business transactions?	YES or NO;			
5	Have you been issued a 1099-NEC to support the income?	YES or NO;			
6	Do you have evidence of any exemption?	YES or NO;			
7	Other:				
8	Other:				

Attach college financial statements, Forms: 1098-T's, 1099-NEC's, etc.

Privacy Policy: The nature of our work requires us to collect certain nonpublic personal information about you and your family, if applicable, from various sources. We collect financial and personal information from applications, worksheets, reporting statements, and other forms, as well as interviews and conversations with our clients and affiliates. We may also review banking and credit card information about our clients in the performance of receipt of payment. Under our policy, all information we obtain about you will be provided by you or obtained with your permission.

Our company has procedures and policies in place to protect your confidential information. We restrict access to your confidential information to those within our firm who need to know in order to provide you with the services requested by you. We will not disclose your personal information to any third party without your express permission, except where required by law. We keep physical, electronic, and procedural safeguards in compliance with federal regulations that protect your personal information from unauthorized access.

We know that you have confidence in our ability to perform the services requested by you. Equally important to us is your confidence in knowing that all your personal information is safe. Please contact us at (251) 843 5153 with any questions or concerns about our privacy policy.