



2025 Client Data Sheet



Taxpayer Name:	Spouse Name:			
Date of Birth:	Date of Birth:			
Social Sec. #:	Social Sec. #:			
Occupation or Retired:	Occupation or Retired:			
Address:	City:	State:		Zip Code:
Phone Number (T):	Phone Number (S):			
Email Address:				

I prefer to be contacted for questions or results by: Phone / Text / Email (Circle One)

How would you like to receive your tax return when completed? (Circle one) E-Mail, Mail, Pick Up

Dependent Name (First and Last)	Social Security #	Date of Birth	Relationship

Taxpayer's Driver's License #: _____ Issue Date: _____ Expiration Date: _____

Spouse's Driver's License #: _____ Issue Date: _____ Expiration Date: _____

Did you have overtime or tips in 2025? (Y / N) Please provide last paystub.

Did you move/change address in 2025? (Y / N) What date did you move/change? _____

Did you pay any estimated taxes? (Y / N) How much? Federal: _____ State: _____ City/SD : _____

Do you have a Health Savings Account (HSA)? (Y / N) Please provide 1099SA form.

Did you or your dependents go to college? (Y / N) Please provide 1098T and any 1099Q forms.

Do you have Child/Daycare expenses? (Y / N) Total paid? _____ Provide statement with Name, ID, Etc.

Did you make charitable contributions this year? (Y / N) Please provide a Cash and Non-Cash value

Cash Total \$ _____ Non-Cash Total \$ _____ No Receipts Needed

Do you have self-employment/business income or rental property? (Y / N)

Are you interested in a Direct Deposit of your refund? (Y / N) Checking or Savings (Circle One)

Bank _____ Routing # _____ Account # _____

Credit card information to charge your tax preparation fee once return is complete:

CC #: _____ Expiration Date: ____/____/____ 3 Digit Code: _____

Other Comments: _____

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