

CLIENT TAX INFORMATION SHEET 2025

Peterson CPA Firm P.C. ♦ 339 East Parkwood Ave ♦ Friendswood, TX 77546

Note: A fillable form is also on our website if you prefer to use that at www.cpapeterson.com.

Client Name: _____

Contact email or phone number: _____

Banking information for refund or taxes owed:

Check Box if Direct Deposit Information is the same as last year.

If not, please provide new information below:

| | | | |
|-------|------------|------------|--------------------|
| Bank: | Routing #: | Account #: | Saving or Checking |
|-------|------------|------------|--------------------|

How do you want to receive your completed return and original documents? (Put a check or circle the option you prefer)

Pick up at the office: Emailed (Password Protected):

Electronic Dropbox (Sharefile): Mail (\$20 Fee for mailing):

An additional fee will apply for multiple delivery methods.

Last year, did you (or your spouse):

At any time during 2025, did you: (a) receive (as a reward, award or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? If yes please explain.

Y N

Make quarterly estimated tax payments? If so, list all dates and amounts:

Y N

Additional Questions:

1. Could someone else claim you/your spouse as a dependent?

Y N

2. Have you received any correspondence from the IRS regarding prior year tax returns? If yes, please provide copy.

Y N

3. Have you received an Identity Protection PIN from the IRS for 2025? If yes, please submit documentation.

Y N

Last year, did you (or your spouse):

1. Did you sell or purchase a primary home? (if yes please provide HUD statement)

Y N

2. Attend school as a full-time student?

Y N

3. Purchase supplies used as an educator? (teacher, teacher's aide, counselor)

Y N

4. Purchase a motor vehicle?

Y N

FILL OUT THIS PAGE ONLY IF THERE ARE CHANGES OR IF YOU ARE A NEW CLIENT

| | | | | | | | | | |
|---|---------------|---|--|--|--|--|--|--|--|
| Taxpayer Name: Soc. Sec. Number: Date of Birth: Occupation: Email Address: Home Phone: Work Phone: Cell Phone: | | | | | | | | | |
| Spouse's Name: Soc. Sec. Number: Date of Birth: Occupation: Email Address: Home Phone: Work Phone: Cell Phone: | | | | | | | | | |
| Address: | | | | | | | | | |
| City: | State: | | | Zip: | | | | | |
| Filing Status | | | | | | | | | |
| <input type="checkbox"/> Single | | <input type="checkbox"/> Married Filing Jointly | | <input type="checkbox"/> Married Filing Separately | | <input type="checkbox"/> Head of Household | | <input type="checkbox"/> Qualifying Widow/er | |
| Dependents: | | | | | | | | | |
| Changes in dependents from last year? | | | | | | | | | |
| <ul style="list-style-type: none"> • Add: • Remove: | | | | | | | | | |
| Y N | | | | | | | | | |
| Note: Dependents must not claim themselves on their own return. | | | | | | | | | |

| Dependent Name (First, Middle Initial, Last) | Date of Birth | Dependent's Soc. Sec. Number | Relationship | Child Care | College Tuition |
|---|----------------------|-------------------------------------|---------------------|-------------------|------------------------|
| | | | | Y | N |
| | | | | Y | N |
| | | | | Y | N |

If you are new to our practice, who may we thank for referring you?

Name: _____

If you are a new client, you will need to provide your previous year tax return(s).

For new Partnerships or Sub S corporations you will need to provide your previous year returns and K-1(s).

PETERSON CPA FIRM P.C.
Certified Public Accountants

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www.cpapeterson.com

TAX RETURN PREPARATION AUTHORIZATION

We appreciate the opportunity to advise you regarding tax matters and preparing your 2025 tax return. To ensure a complete understanding between us, we are stating the following pertinent assumptions about our advice. Please indicate your agreement by signing at the bottom of the page.

We will prepare all tax returns in accordance with Statements on Standards for Tax Services issued by the AICPA, and will comply with the AICPA's Code of Professional Conduct, including the ethical principles of integrity, objectivity, professional competence, and due care.

You are responsible for the substantial accuracy of your financial records, and the full and accurate disclosure to us of all relevant facts affecting the return(s). You also have final responsibility for the tax return and, therefore, you should review the return carefully before signing the return or the authorization for us to electronically file it.

In accordance with federal law, in no case will we disclose your tax return information to another tax return preparer outside of our firm, or to any other third party for any purpose, without first receiving your consent.

If your return is required to be paper filed, then this signature serves as authorization for us to prepare a paper return.

The IRS permits you to authorize us to discuss, on a limited basis, aspects of your return for one year after the return's due date. Your consent to such a discussion is evidenced by checking a box on the return. Unless you tell us otherwise, we will check that box authorizing the IRS to discuss your return with us.

The return(s) may be selected for review by the taxing authorities. In the event of an audit, you may be requested to produce documents, records, or other evidence to substantiate the items of income and deduction shown on a tax return. Any proposed adjustments by the examining agent are subject to certain rights of appeal. In the event of a tax examination, we will be available, upon request, to represent you. However, such additional services are not included in our fees for preparation of the tax return(s).

The fee for preparing and filing your tax return does not include any follow up requested by the IRS for additional documents or information, ID verifications, responding to IRS audits or changing the return at your request based on new additional information not originally provided to us.

Signature _____ Date _____

I also represent the following business(s) or organization(s) and am signing and binding them to this agreement:

Name of Organization

Name of Organization

Name of Organization