

**COMPREHENSIVE TAX SERVICE, INC.  
CLIENT INFORMATION SHEET**

Date: \_\_\_\_\_

Home/Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

Taxpayer Spouse

Name: \_\_\_\_\_

Soc. Sec. No: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address: Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Occupation: \_\_\_\_\_

County of Residence at 1/1/2024: \_\_\_\_\_

Can you be claimed by your parents or another taxpayer? Yes \_\_\_\_\_ No \_\_\_\_\_

Filing Status:  Single  
 Married Filing Jointly  
 Married Filing Separately ----- (Must have Spouse's Name and SSN)  
 Head of Household (Qualifying Child's Name \_\_\_\_\_, If not your dependent)

Dependents: (Every child listed must have birth date and Social Security Number (SSN) even if born in 2024)

Claiming for:

Name	SSN	Birth Date	Months lived with you	EIC	Dependent

Can any of the above dependents be claimed by another taxpayer? Yes \_\_\_\_ No \_\_\_\_

Other Dependents:

Name	Relationship	Number of Months lived in Your Home	Date of Birth	Dependents Social Security Number	Did you provide more than 50% of Dependent's support

**If you are claiming a child or other dependent for any type of tax credit, we will need to call you to go over due diligence questions in accordance with requirements from the Internal Revenue Service.**

***If you are claiming a dependent that does not live with you, you must complete a FORM 8332 and get the custodial parent's signature.***

**The following questions must be answered:**

	Yes	No
1. Did you have health insurance coverage through the Marketplace for any/all of 2024? (If yes, you must provide the form 1095-A from the provider) This does not pertain to insurance coverage through your employer.	<input type="checkbox"/>	<input type="checkbox"/>
2. At any time during 2024, did you have a financial interest in or signature authority over a financial account (such as a bank account, securities account, or brokerage account) located in a foreign country? (If yes, you must file a FBAR report)	<input type="checkbox"/>	<input type="checkbox"/>
3. During 2024, did you receive a distribution from, OR were you the grantor of, or transferor to, a foreign trust? (If yes, you may have to file Form 3520)	<input type="checkbox"/>	<input type="checkbox"/>
4. At any time during 2024, 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) (e.g. Digital currency, Cryptocurrency, Bitcoin, etc.) If yes, we need documents showing 2024 activity.	<input type="checkbox"/>	<input type="checkbox"/>
5. Did you spend any funds from a Health Savings Account(HSA)? (If yes, we need the Form 1099-SA to show it was for medical purposes.)	<input type="checkbox"/>	<input type="checkbox"/>
6. Did you have any unemployment compensation in 2024? (If yes, you will need to print the Form 1099-G from your online account.)	<input type="checkbox"/>	<input type="checkbox"/>
7. Did you contribute money directly from an IRA to a qualifying charity? (A Qualified Charitable Distribution-QCD) (If yes, please list the amount _____)	<input type="checkbox"/>	<input type="checkbox"/>

**PLEASE COMPLETE THE BACK SIDE OF THIS FORM AND SIGN THE CERTIFICATION.**

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(Continued)

Did you rent an apartment or house as your principal residence in 2024? If yes, complete the following:

Rental Address (if different from address on front page) \_\_\_\_\_

Total Rent paid in 2024: \_\_\_\_\_ Number of months rented in 2024: \_\_\_\_\_

Landlord's Name: \_\_\_\_\_

Landlord's Address: \_\_\_\_\_

Did you have online/out-of-state purchases for which you did not pay sales tax? Amount of purchases in 2024: \$ \_\_\_\_\_

Did you pay property tax on your principal residence? Amount paid in 2024: \$ \_\_\_\_\_

Did you contribute money to any charities? Amount contributed in 2024: \$ \_\_\_\_\_

Are you an eligible K-12 educator that personally paid for classroom expenses? Amount paid in 2024: \$ \_\_\_\_\_

**Child Care Credit:**

Babysitter's/Day Care's Name: \_\_\_\_\_ SSN or Federal ID No. \_\_\_\_\_  
*(Must have this number to take deduction)*

Babysitter's/Day Care's Address: \_\_\_\_\_

Amount Paid in 2024: \_\_\_\_\_ Number of Children Receiving Care \_\_\_\_\_

**Educational Credits:**

You must submit a form 1098-T and possibly tuition statements for higher educational costs.

Student's Name (Must be claiming in 2024): \_\_\_\_\_

Number of Years Educational Credits have been claimed (per student) \_\_\_\_\_

**Indiana 529 contributions:** Please provide the year-end statement showing the account number and the year-to-date contributions.

**Interest on Education Loans :** Please provide us the statement showing the amount of interest paid in 2024.

**Estimated Taxes Paid for the 2024 Tax Year:**  
(taxes paid personally - not on W-2)

Federal      State      Date Actually Paid

1ST Quarter - Due 4-15-2024			
2ND Quarter - Due 6-17-2024			
3RD Quarter - Due 9-16-2024			
4TH Quarter - Due 1-15-2025			

**Traditional & Roth IRA Contributions**  
(not paid through your employer)

Taxpayer      Spouse

Traditional IRA Contributions in 2024

Roth IRA Contributions in 2024

**If you think you may be able to itemize your deductions, based on the new standard deduction limits, find the itemized deduction worksheet on our website, [comprehensivetaxservice.com](http://comprehensivetaxservice.com).**

I/We certify that all tax information, including cash received for payment of services and bartering income, has been forwarded to you or shown on the front and/or back of this form and it is true, accurate and complete to the best of my/our knowledge. I/We also, give my preparer permission to discuss my tax information with the Internal Revenue Service and/or the Indiana Department of Revenue.

Taxpayer's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Spouse's Signature: \_\_\_\_\_

Date: \_\_\_\_\_