

SIGNATURE:

CLIENT DATA SHEET- 2024

1533 Cajah Mountain Rd Hudson, NC 28638 828-396-7165

NAME ADDRESS					 Home	PHO	PHONE NO		
					Cell Email				
REQUIRED INFO			IF NEW CLIE	-	A VALID DRIVER LICEN	ISE FOR T	AXPAYER &	& SPOUSE	
	NEW CLIENTS COPY OF LAST YEARS TAX RE NAME			ETURN IF AV SS#	'AILABLE		DATE OF BIRTH		
Taxpayer: Spouse: Dependents:						1			
Child Under 17	**Required	by IRS to prc	ovide docume	entation th	at child lives with	taxpayeı	r		
4 N N O N E 1 N O O N	-		or Taxpayer o	· —	n 2024, please brir				
ANY ONE IN COL	LEGE	YES		NO	(If Yes, please pi	ovide For	m 1098-T	from school)	
	WERE ANY (YES E	VE COVERED	NO	ET PLACE INSURAN	NCE LAS	T YEAR?		
		IF YES: YO	U MUST HA\	/E THE 109	5A FORM	_			
AT ANYTIME DURI	NG 2024 DID Y	OU BUY OR S	SALE HOME, P	PROPERTY, S		YES		NO	
Has your Filing Status Changed from 2023: (for example: filed Single in 2023, but filing Married in 2024) YES NO If YES, explain:									
AT ANYTIME DU	IRING 2023 D	ID YOU DEA	L IN ANY VIR	TUAL CUR	RENCY	YES		NO	
DO YOU CERTIFY	HAT NO CONS	SUMER USE TA	AX IS DUE TO	NORTH CAF	ROLINA				
IF RECEIVING A RE	FUND, IS IT GO	DING TO OR T	HROUGH AN A		OUTSIDE OF THE UN	ITED STA	TES		
DO YO	U WANT TO I	DIRECT DEPO	_		ME ACCOUNT AS LA	AST YEA NO	R		
IS TAXPAYER A V	ETERAN?		IS SPOL	JSE A VETE	RAN?	_			
Do you consent t	o SMS (Text	Messaging)	communicat	ion? Yes	No				
You are respor	sible for the infor	rmation on your	return, please pr	ovide comple	te and accurate informa	ation.			