BOUNDS ACCOUNTING & TAX SERVICES, LLC

2025

	BASIC TAXPAYER INFORMATION	
	Taxpayer	Spouse
First Name		
Middle Initial		
Last Name		
Social Security Number		
Date of Birth		
Date of Death (if applicable)		
Occupation		
County		
Street Address		
City, State, Zip Code		
Best # to contact you		
Email Address		
Legally Blind?	Yes ☐ No ☐	Yes ☐ No ☐
Eligible to be claimed as a dependent on another return	Yes ☐ No ☐	Yes ☐ No ☐
Did you move to/from another state during this tax year?	Yes ☐ No ☐	Yes ☐ No ☐
Do you live in city limits?	Yes ☐ No ☐	
Pennsylvania Residents Only - School District		

FILING STATUS

☐ Single

☐ Married Filing Jointly

☐ Married Filing Separately

Check this box if you did not live with spouse at any time during the year ☐

Check this box if your spouse itemizes deductions ☐

☐ Head of Household - If the qualifying person is a child but not your dependent, enter the child's name and SSN

Name_____ Social Security # _____

☐ Qualifying Widower - Year spouse died _____

DEPENDENT INFORMATION

First Name	MI	Last Name	Date of Birth	Social Security Number	Relationship	Months lived in home

TAXPAYER CHECKLIST

(PLEASE RETURN WITH YOUR TAX DOCUMENTS AT DROP OFF OR APPOINTMENT)

CLIENT NAME _____

BEST WAY TO BE CONTACTED? *(circle one)* PHONE _____ / EMAIL_____

DOCUMENT CHECKLIST (if applicable)

- ☐ W-2's (if you think you may qualify for 'no tax on overtime', please bring your last pay stub for 2025)
- ☐ 1099's
- ☐ Mortgage Stmt(s)
- ☐ 1095A
- ☐ SSA-1099
- ☐ Property Tax Info
- ☐ Rental Info
- ☐ K-1's
- ☐ Charitable Contributions
- ☐ Business or Farm Info
- ☐ Settlement sheets from any real estate transaction
- ☐ Tuition Stmt(s)

***Any changes in dependents? Please provide a copy of the new dependent's social security card.**

***If your address has changed, provide your new address below:**

_____

2025 ESTIMATED PAYMENT CONFIRMATION – List payment amount & date paid

	Federal Amount	Date Paid	State Amount	Date Paid
1st Quarter				
2nd Quarter				
3rd Quarter				
4th Quarter				

ELECTRONIC REFUND/PAYMENT

DIRECT DEPOSIT/DIRECT DEBIT

We will require a bank routing number, account number, and financial institution name to set up direct deposit for refunds and/or direct withdrawal for any balances due. These electronic payment and refund methods are processed to ensure faster and more secure handling of your return.

Financial Institution Name _____

Account Number _____

Routing Number _____

CLIENT QUESTIONNAIRE

1) At any time during 2025, did you receive (as a reward, award, or payment for property or services); or exchange, gift, or otherwise dispose of a digital asset or a financial interest in a digital asset? **YES** _____ **NO** _____

2) Do you have any foreign bank accounts or foreign investments? **YES** _____ **NO** _____

3) If you believe you qualify for the 'no tax on overtime' provision, please bring your year-end pay stub so we can verify eligibility.

4) If you purchased a new vehicle in 2025, please provide the amount of interest paid for the vehicle.