

# CLIENT INFORMATION SHEET

## ROSSMAN TAX SERVICE

THE TAX YEAR 2024

- Please complete **ALL PAGES** of this form
- Tax returns **WILL NOT** be prepared without a completed Client Info Sheet

**Personal Information:** Your last name must be the name shown on your social security card. Your tax return will be delayed due to incorrect last names being submitted to the IRS.

Did Rossman Tax Service Prepare your Tax Return Last Year? Yes  No

Can you be claimed as a dependent on another's tax return? Yes  No

Did you have access to a residence in New York City in 2024? Yes  No

Taxpayer \_\_\_\_\_  
First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last Name as appears on Soc. Sec. Card \_\_\_\_\_  
Taxpayer SS# \_\_\_\_\_ Birthdate \_\_\_\_\_ Occupation \_\_\_\_\_

Spouse \_\_\_\_\_  
First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last Name as appears on Soc. Sec. Card \_\_\_\_\_  
Spouse SS# \_\_\_\_\_ Birthdate \_\_\_\_\_ Occupation \_\_\_\_\_

Did you contribute to a State Qualified Tuition Program (529 Plan) in 2024? Yes  No

Name of the state you made QTP contribution to: \_\_\_\_\_

Taxpayer's account contribution amount: \_\_\_\_\_ Spouse's account contribution amount: \_\_\_\_\_

**Foreign Bank Account:** It is required to report ownership, interest in, or signature authority of foreign bank accounts.

Do you have a foreign bank account? Yes  No  If yes, please answer the following questions:

Did you have more than \$10,000 in a foreign bank account(s) at any time in 2024? Yes  No

If yes, please supply us with the banking info and highest balance in all foreign bank accounts

The highest balance you had in the account(s) at any time in 2024 \$ \_\_\_\_\_ Country of foreign bank account \_\_\_\_\_

**Virtual Currency:** At any time during 2024, did you receive, sell, send, exchange or otherwise acquire any financial interest in any virtual currency? If yes, please supply us with the sale of virtual currency statements Yes  No

**Direct Deposit:** If you would like to receive your tax refund electronically deposited from the IRS and State Tax Authority, check the "YES" box and supply us with your complete Banking information. If you do not wish to have your tax refund electronically deposited check the "NO" box. PLEASE BE ADVISED, INCORRECT OR INCOMPLETE BANKING INFORMATION MAY CAUSE A DELAY IN YOUR TAX REFUND. IF NO INFORMATION OR INCOMPLETE INFORMATION IS SUPPLIED, YOU WILL RECEIVE YOUR TAX REFUND CHECK(S) IN THE MAIL.

Would you like your tax refund(s) electronically direct deposited? Yes  No

Name on the account \_\_\_\_\_  
(Must be in the name of taxpayer and/or Spouse)

Your Banks Name \_\_\_\_\_ Checking Account  Savings Account

Routing Number \_\_\_\_\_ Account Number \_\_\_\_\_

Current Mailing Address: \_\_\_\_\_

City, State & Zip Code: \_\_\_\_\_

County \_\_\_\_\_ School District \_\_\_\_\_ Tax Payer's E-mail: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone \_\_\_\_\_ Spouse E-mail: \_\_\_\_\_

**Did you move in 2024?** Yes  No  If yes, what date did you move? \_\_\_\_\_

**Did you sell a home in 2024?** Yes  No  If yes, you must provide us a copy of your Mortgage Closing Disclosure

**Did you purchase a home in 2024?** Yes  No  If yes, you must provide us a copy of your Mortgage Closing Disclosure

**Dependent information:** List any dependents. If you can no longer claim someone as a Dependent, write "can't claim" as the relationship. All last names must be written as they appear on the dependent's social security card. PLEASE LET US KNOW IF YOU HAVE DEPENDENTS WHO LIVE WITH YOU THAT YOU ARE NOT CLAIMING ON YOUR TAX RETURN, AND IF YOU HAVE INCURRED DAYCARE EXPENSES DURING THE TAX YEAR FOR ANY DEPENDENTS YOU ARE NOT CLAIMING. ENTER THEIR NAME(S) AND DAYCARE INFORMATION IN THE COMMENTS SECTION AT THE END OF THE CLIENT INFORMATION SHEET.

I acknowledge by claiming dependents on my tax return certain documents may be required to satisfy relationship and residency test. Upon request, I will supply:

- Birth certificate or adoption papers confirming dependents are your children  Letter from dependents doctor  
 School records of dependent(s)  Other  All of the above

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Did you claim this dependent last year? Yes  No  Did the dependent live with you for the majority of the year? Yes  No

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Did you claim this dependent last year? Yes  No  Did the dependent live with you for the majority of the year? Yes  No

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Did you claim this dependent last year? Yes  No  Did the dependent live with you for the majority of the year? Yes  No

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

**Child Care Information:** A credit for expenses paid to daycare, preschool, or camp may be available. All of the following information must be supplied to determine eligibility for children or disabled dependents.

DID YOU PARTICIPATE IN A DAYCARE BENEFIT PLAN WITH YOUR EMPLOYER? Yes  No

DID YOU INCUR DAYCARE EXPENSES IN 2024? Yes  No

Child care provider name: \_\_\_\_\_ Fed ID or SS# \_\_\_\_\_

Address: \_\_\_\_\_

Amount paid for the year: \_\_\_\_\_ Dependent Name: \_\_\_\_\_

Child care provider name: \_\_\_\_\_ Fed ID or SS# \_\_\_\_\_

Address: \_\_\_\_\_

Amount paid for the year: \_\_\_\_\_ Dependent Name: \_\_\_\_\_

**Higher Education Information:** A credit may be available for qualified expenses paid to an institution of higher education  
The Expense must have been incurred and paid in 2024 to qualify. You must supply a 2024 form 1098-T from the institution.

DID YOU OR ANYONE IN YOUR HOUSEHOLD INCUR EXPENSES FOR HIGHER EDUCATION IN 2024? Yes  No

Student Name: \_\_\_\_\_ Tuition Paid in 2024: \_\_\_\_\_  
The cost incurred for books and required fees: \_\_\_\_\_ Undergrad  Grad   
School Name: \_\_\_\_\_ Fed ID: \_\_\_\_\_

Student Name: \_\_\_\_\_ Tuition Paid in 2024: \_\_\_\_\_  
The cost incurred for books and required fees: \_\_\_\_\_ Undergrad  Grad   
School Name: \_\_\_\_\_ Fed ID: \_\_\_\_\_

**Energy Credits:** List the amount you paid on qualifying windows, doors, insulation, water heater, furnace (Gas, Propane, Oil),  
central air conditioner, biomass stoves, Electric Cars and Charging Stations (You must supply Bill of Sale for Electric Cars) **PLEASE NOTE: If you  
purchased or leased solar panels in 2024, please submit your invoice for the solar panels.**

Item(s) Purchased: \_\_\_\_\_ Amount paid in 2024: \_\_\_\_\_  
If you purchased more than 1 item, please list each item with the cost  
for each on the Additional Information section on the following page.

**Did you pay for a Long-Term Care Insurance Policy in 2024?** Yes  No  (If yes, please enter the dollar amount paid  
below)

Long-Term Care Policy Premium Paid (Taxpayer) \_\_\_\_\_ Long-Term Care Policy Premium Paid (Spouse) \_\_\_\_\_

List any **QUARTERLY ESTIMATED** tax payment you made to the government **FOR** the tax year 2024 (DO NOT INCLUDE  
PRIOR YEAR CARRYOVER IN ESTIMATED PAYMENTS YOU MADE)

Federal: \_\_\_\_\_  
1<sup>st</sup> Quarter 2<sup>nd</sup> Quarter 3<sup>rd</sup> Quarter 4<sup>th</sup> Quarter

State: \_\_\_\_\_  
1<sup>st</sup> Quarter 2<sup>nd</sup> Quarter 3<sup>rd</sup> Quarter 4<sup>th</sup> Quarter

**Volunteer Firefighter or EMT:** You are entitled to a \$200 (\$400 if taxpayer and spouse volunteer) credit on your NYS Return.

Did either taxpayer or spouse volunteer as a Firefighter or EMT in 2024? Yes  No

Taxpayer Company/Department \_\_\_\_\_ Spouse Company/Department \_\_\_\_\_

**Purchases without sales tax:** Did you make any purchase(s) greater than \$1,000.00 without paying sales tax during  
the tax year? Yes  No  If yes, what was the amount of purchase? \_\_\_\_\_

**Health Care Exchange:** Did you obtain health insurance through the exchange? Yes  No   
If yes, please be sure to bring form 1095-A which was mailed to you from your insurance company.

**Medical Expenses:** Did you have major medical expenses in 2024 (including the cost of insurance  
not paid by your employer) Yes  No

Major Medical Expenses incurred in 2024(including cost for insurance): \$ \_\_\_\_\_



## 2024 ENGAGEMENT LETTER

To ensure compliance with IRS regulations and our insurance requirements, we ask that you carefully read the following terms and sign and date this Engagement Letter. If you are filing a joint return or married filing separately, the client signing this letter confirms that they have reviewed it with their spouse, and both parties agree to the terms for the preparation of the 2024 tax return.

**By signing this Engagement Letter, I (we) attest to the following:**

- Accuracy of Information:** All information provided on the client information sheet is accurate, complete, and true to the best of my (our) knowledge. I (we) agree to notify Rossman Tax Service immediately of any changes in my (our) personal or financial details.
- Marital Status:** In the event of a change in marital status (e.g., marriage, divorce, or legal separation), I (we) will promptly inform Rossman Tax Service, as this may impact my (our) tax filing.
- Banking Information:** I (we) have provided accurate and up-to-date banking details for the direct deposit of any tax refund(s).
- Document Submission:** I (we) confirm that all necessary documents for preparing the 2024 tax return, including W-2s, 1099s, receipts, and any other relevant financial records, have been submitted to Rossman Tax Service.
- Support for Income and Deductions:** I (we) have retained and will provide adequate documentation to substantiate the income, deductions, and credits claimed on the tax return.
- Income Reporting:** I (we) acknowledge that all income, including cash and non-traditional sources, has been fully and accurately reported on the tax return.
- Responsibility for Errors:** I (we) understand that Rossman Tax Service is not responsible for errors or omissions on the tax return caused by incomplete or inaccurate information provided by me (us). If corrections are necessary, I (we) will be responsible for any additional fees incurred to make such corrections.
- Joint Tax Return Liability:** I (we) understand that both the taxpayer and the spouse are equally responsible for any tax liability on a joint return, and both parties are liable for any penalties, interest, or other charges resulting from the return.
- Tax Payment Responsibility:** I (we) agree to pay any balance due to the IRS or state taxing authority by April 15th. If I (we) owe additional taxes, I (we) understand that the balance is due on this date, regardless of whether I (we) have filed the return.
- Extension Filing:** If I (we) file for an extension, I (we) will submit the extension request form to Rossman Tax Service by April 1, 2025 and pay the non-refundable \$75.00 extension request fee. I (we) understand that an extension is only for filing the return and does not extend the deadline to pay any taxes owed. Taxes owed to the Government is due by April 15, 2025.
- Potential Divorce:** In the event of a potential divorce, Rossman Tax Service will be considered the representative for both parties. If any confidential information arises that may affect one party's position, Rossman Tax Service will be required to disclose such information to the other party. If a conflict of interest arises, Rossman Tax Service may recommend that one or both parties seek independent accounting advice.
- Review of Tax Return:** I (we) understand that it is my (our) responsibility to thoroughly review the tax return, transmittals, and bank account information before signing the e-filing forms. I (we) acknowledge that I (we) am aware of whether I (we) will receive a refund or owe taxes and take full responsibility for the accuracy of the information provided.
- Delays Due to Errors:** I (we) acknowledge that any errors or omissions on my part may delay the processing of my tax refund.
- Payment Terms:** Payment for all services must be made in full before e-filing the return or before receiving a taxpayer copy. No post-dated checks will be accepted. A \$50 fee will apply for any returned checks due to insufficient funds.
- Ownership of Work Papers:** All work papers and prepared tax returns are the property of Rossman Tax Service. If Rossman Tax Service does not prepare the return, we will return all client documents. However, no work papers or tax returns prepared by Rossman Tax Service will be provided to the client.
- Documentation for IRS or State Requests:** I (we) understand that if requested by the IRS or state taxing authority, I (we) must provide receipts and documentation to substantiate income, deductions, or credits claimed on the tax return. I (we) further understand that it is my (our) responsibility to keep these records for a minimum of 7 years.
- Authorization for Communication:** By signing, I (we) give full authorization for either party (taxpayer or spouse) to communicate, sign, and transact on my (our) behalf with Rossman Tax Service in connection with the preparation of my (our) tax return.
- Document Submission Deadline:** For our clients using our RTS Direct – Mail/Drop Off Service, I (we) acknowledge and agree that all tax documents including this form will be delivered to Rossman Tax Service by **March 24, 2025**. Additionally, if my (our) tax return is not completed by **April 1, 2025**, I authorize Rossman Tax Service to file an automatic extension on my (our) behalf. I (we) understand there will be a \$75 extension fee, and that an extension only grants more time to file, not to pay any taxes owed. Any taxes owed the Government is due no later than **April 15, 2025**.

**This engagement is limited to the preparation of the 2024 income tax return. Additional services such as projections or government examinations will incur extra charges. I (we) also acknowledge that once payment is made for the services rendered, the fee is non-refundable.**

Thank you for choosing Rossman Tax Service. We look forward to assisting you with your tax preparation needs.

Check the box if you require a hard copy of your tax return (Additional Fees May Apply). Please note that soft copies are always available on your client portal.

Name

Date

Signature