

Taxpayer Name(s): _____

Date: _____

Street Address: _____

Communication Preferences (check all that apply - Sonrise will only contact you regarding your tax needs)

Phone
 Text
 Email
 TaxDome Chat (Client Portal Secure Chat)

Sonrise Internal Use

- EXP-C APPT
- EXP-S MAIL
- EXP-E / TD

Tax Return Delivery Preference - How you want to receive the finished product(s)

Pickup
 Mail *
 TaxDome E-sign/Digital Copy
 TaxDome E-sign/Hard Copy Mailed *

PLEASE READ: All completed tax returns & tax documents will be available in your TaxDome Client Portal. To receive access, provide your email address. If married, we need both spouses email addresses if you want to electronically sign your tax return. Mailing of tax return(s) is completed with USPS Priority Mail and will incur a postage charge.

Taxpayer Name _____ **Best Phone #** _____ Home Cell Work

Email _____ None Refuse

Spouse Name _____ **Best Phone #** _____ Home Cell Work

Email _____ None Refuse

No Yes **Address Change?** *Please provide Settlement Sheets if you bought or sold!

Sonrise Internal Use **PSD Code** _____

Address on 1/1/2024 _____

Next Address _____ Dates: _____ thru _____

Next Address _____ Dates: _____ thru _____

No Yes **Filing Status Change?** Date _____ Married Divorced Separated Deceased

**If a NEW CLIENT, must complete filing status*

**We may need/ask for evidence (Marriage Cert, Divorce Decree, Death Cert, Etc.)*

No Yes **Name Change?** Provide Copy of SS Card and/or Court Order

Job Title(s) Taxpayer _____ Spouse _____

**CLERGY - Please complete Clergy Worksheet & Housing Documentation *MILITARY - We must have all orders for out-of-state active duty!!*

No Yes **Change in Dependents?** For New Dependent(s), need copy of SS Card(s) / possibly birth certificate
For Dropped Dependent(s), please note reason for drop

Add	Drop	First Name	M.I.	Last Name	D.O.B.	Sex	Social Security

No Yes Do you authorize Sonrise Tax to electronically file your Local Return(s) on your behalf?

Banking Questions - Direct Deposit/Debit Information:

**We strongly recommend electronic payments if you owe tax instead of mailed checks/payments.*

No Yes Same Account as Last Year — Account Ending _____

****If new bank account, complete bank information & attach a voided check***

No Yes Do you want DIRECT DEPOSIT of TAX REFUND?

No Yes Do you want DIRECT DEBIT of your TAX DUE if less than \$ _____ any amount Not Before Date _____ Anytime

**May incur extra charge to rerun return to add Bank Account Info if provided after submission of Tax Organizer & Documentation*

Complete Bank Info if NEW BANK ACCT or NEW Client Routing # _____

Bank Name _____ Account # _____

- Checking Joint
- Savings Taxpayer
- Spouse



I verify that all information provided is true and correct to the best of my knowledge

CODE
(Sonrise Internal Use)

No Do you have an Identity Theft IP Pin? Yes → Attach IP Pin Letter (CP01A) or Provide # _____

No Will a Power of Attorney be signing return? Yes → Provide a copy of POA (unless on file)

No Do you have any financial interest in virtual/cryptocurrency? (i.e. Bitcoin, NFT's) Yes → Attach Transaction Reports

No Do you, or does anyone you can sign for, have interest in any foreign bank accounts? Yes

No Did you receive any distributions from or control any foreign trusts? Yes

No Did you receive unemployment? Yes → Attach a **Form UC-1099G**

No Gambling Wins / Losses? Yes → Attach **W-2G's** / Casino Win Loss Reports / Other Docs

No Did you make any out-of-pocket retirement contributions? Yes → Trad IRA Roth IRA → Taxpayer Spouse → Amount:\$ _____
 Provide Documentation

Would you like to make a contribution by 4/15/25 if it provides tax savings?

No Did you have Health Insurance Coverage Through Pennie? Yes → Attach **1095-A**

No Do you have an HSA (Health Savings Account)? Yes → Self/Individual Family

Any HSA Distributions? No Yes → Was it all used for qualified medical expenses? Yes No Attach **1099-SA**

Any HSA Contributions? No Yes → Attach **5498-SA** or Provide Amount \$ _____ Contributions made outside of payroll

No Medical Expenses exceeding 7.5% of your income? Yes → Amount \$ _____ or See Attach Receipts/Notes

No Real Estate Taxes? Yes → Amount \$ _____ or Attach Receipts/tax bill with cancelled checks/**1098's** / Mortgage Docs

No Mortgage Interest/Home Equity Loans? Yes → Attach Mortgage Docs / **1098's** / HUD-1 / Settlement etc.

No Charitable Giving? Yes → Amount \$ _____ Attach Documentation (for non-cash giving, need detailed list of charity, date, item type and dollar value of items(s))

No Work Expenses greater than \$1,000? Yes → Amount \$ _____

Attach Records/Receipts: Union dues, steel tips, tools, safety glasses, uniforms, truck driver overnights, mileage, etc.

School Teacher Class Expenses \$ _____

No Day Care Expenses? Yes → See attached Receipts Provide info on provider for each childcare provider

Child Name _____ Amount \$ _____ Provider Name _____

Provider ID# _____ Provider Address _____

No Adoption Fees? Yes → Amount \$ _____ Date Finalized _____ See attached

No College Expenses? Yes → Tuition- **1098-T**, Financial Transcript _____

Interest- **1098-E** _____

No Any TAP-529 Education Account Contributions? Yes → Amount \$ _____ Owner Name _____
Beneficiary Name _____ SSN _____
Relation _____

No Any TAP-529 Education Account Distributions? Yes → Attach **1099-Q**

No Have you made any energy improvements to your home? Yes → Attach Receipts/Documentation of Home Energy Improvements

* Sonrise Internal Use Only *

Intake

Data Entry