



Derland G. Bahr, CPA
New Client Drop Off

Name(s) Today's Date:
Phone Number Spouse Phone
EMAIL address: Spouse Email:
Address: City, State Zip:

Filing Status (circle one): Single Married Filing Jointly Head of Household (unmarried but have dependents)

Taxpayer name: Social Security # Date of Birth:

Occupation:

Driver's Lic# State: Issue Date: Exp Date:

Spouse Name (if applicable): Social Security # Date of Birth:

Occupation

Driver's Lic# State: Issue Date: Exp Date:

Dependent Name(s): Relationship: Social Security # Date of Birth:

Four rows of lines for dependent information.

- 1. Was anybody covered through the Marketplace (Obamacare)? (Yes or No) If YES, we need form 1095A.
2. Did you receive, sell, or exchange any cryptocurrency (e.g., dogecoin)? (Yes or No). If you sold, we need info.
3. Do any of the following apply? If none apply, you can write NO:
a. Teacher Deduction (Yes or No) (Only for K-12 teachers) How much (up to \$300)?
b. IRA contributions (does NOT include retirement plans thru work) (Yes or No)
Taxpayer contribution \$ Spouse contribution \$ (Roth or Traditional)
c. Out-of-pocket College expenses for you or dependents? (Yes or No) If yes, we need form(s) 1098-T
d. Student Loan Interest paid in 2024? (Yes or No) If yes, we need form 1098-E
e. Home ENERGY improvements? (Yes or No) If yes, please provide information.
f. Purchased Qualifying Electric Vehicle or Plug-in Hybrid? (Yes or No) If yes, please provide info.
g. Did you pay for childcare? (Yes or No) If yes, please provide form from provider
4. Do you have a business, rental properties or Farm Income? (Yes or No) If so, describe below.
5. Did you give us a prior year return? (Yes or No) Note: We want a copy of the prior return if at all possible.

Direct Deposit/Direct Debit:

Bank Name Checking or Savings Routing # Account #

Additional Relevant Info:

Four horizontal lines for additional relevant information.