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CLIENT INFORMATION FORM
Tax Year 2025

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Completing this form prior to your appointment is **REQUIRED** to provide necessary information for the completion of your tax return. This will also help avoid missing important deductions and keep tax preparation fees down.

	Taxpayer	Spouse (if applicable)
Name		
Phone Number		
E-mail		

I consent to text messages at the phone number above for appointment reminders, document notifications, and other service-related communications. Message and data rates may apply. Reply STOP to opt out I do not wish to receive text messages.

1. Is your mailing address the same as last year? Yes No If "no" complete below:

_____ New Street _____ New City _____ New Zip

2. List all dependents for your 2025 tax year: (If no dependents check None and skip to question 3) None

2.1. Did all your dependents live with you at least 6 months of 2025 (or born/adopted in 2024).....Yes No

2.2. Do you have dependents, age 19 or older? (if no skip to question 2.3).....Yes No

2.2.1. Are dependents full time students or disabled? Full Time Student Disabled Neither

2.2.2. Was the income of your dependent who was age 19 or older more than \$5,200 for 2025?Yes No

2.3. Did you provide at least 51% of the monetary support for your dependents?Yes No

2.4. Are all your dependents a citizen, national or resident of the United States?Yes No

2.5. Do you or your spouse pay for dependent care while you or your spouse worked?Yes No

2.6. Do you want to establish a Trump account (IRA) for your under age 18 dependent?Yes No

3. What is your Filing Status? Single | Married (Joint) | Married (Separate) | Head of Household

4. Do you wish \$3 to go to the presidential election fund? Yes No Spouse Yes No

5. Did you pay any estimated tax, quarterly, payments? (If yes, please enter amounts on back page.)Yes No

6. Were you claimed as a dependent on another taxpayer's return?Yes No

7. Do you or your spouse have any foreign financial assets?.....Yes No

8. In 2025, did you: (a) receive (as a reward, award, or payment); or (b) sell, exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (Crypto Currency).....Yes No

9. Did you make any energy-efficient improvements to your home? (provide invoice)Yes No

10. Did you purchase and finance a new Vehicle? (provide invoice, financing including VIN)Yes No

11. Did your Job pay you Overtime pay in 2025? (Mark No if retired or not W2 wage earner)Yes No

12. Do you receive tips as part of your income?Yes No

13. Did you, or your dependents, incur any education expenses for which a Form 1098T was issued?Yes No

14. Did you acquire health insurance from a Marketplace (CoverdCA)? If yes, provide 1095A.....Yes No

15. Did you and your dependents (if applicable) have health insurance for all of 2025?Yes No

Please provide documents to support all Income including close of escrow settlement statement for Property Sales.

Sign back of form when completed.

ITEMIZED DEDUCTIONS ADJUSTMENTS AND PAYMENTS

ADJUSTMENTS	AMOUNT	INTEREST YOU PAID	AMOUNT			
Keogh, SEP & Traditional IRA Contribution.....		Home Mortgage loan interest (provide 1098's)....				
Self-Employed Health Insurance Premium.....		Was ALL the mortgage used to buy, build, or improve your home?	<input type="checkbox"/> YES <input type="checkbox"/> NO			
Alimony Paid (For decree prior to 12/31/2018).....		Consumer interest is not deductible. It consists of interest paid for credit cards, car loans, or other personal (non-business) loans. Including Home Mortgage Interest NOT used to buy build or improve your home. (i.e. cash out refinance not used for Home Improvement)				
HSA Contributions (Not made through paycheck)						
MEDICAL AND DENTAL						
Medicines and Prescription Drugs.....		Student Loan interest (provide 1098E)				
Doctors, Dentists, Nurses, Hospitals Total						
Eyeglasses/Hearing Aids & Other Med Exp		CHARITABLE CONTRIBUTIONS				
<u>Miles</u> Driven to Doctor/DDS/Hospital.....		<u>Cash or Check</u> (itemize on separate sheet)				
Long Term Care Premium Paid		<u>Noncash</u> (FMV) Clothing or household items.				
Personal Health/Dental Insurance		Charitable Mileage.....				
(Not paid through work or Medicare)						
TAXES PAID (State and Local Taxes may be limited)		QUARTERLY ESTIMATED TAX PAYMENTS				
Property Taxes on Home		DUE DATE	4/15/25	6/15/25	9/15/25	1/15/26
Personal Property Taxes (Boat, Mobile Home).....		FED DATE PAID	/ /25	/ /25	/ /25	/ /
Total deductible DMV Taxes Paid.....		FEDERAL	\$	\$	\$	\$
Other Taxes Paid: _____		STATE DATE PD	/ /25	/ /25	/ /25	/ /
		STATE _____	\$	\$	\$	\$

This practice appreciates the opportunity to prepare your **personal income tax returns for 2025 and 2026 estimated taxes**. This letter sets forth the services this practice provides as part of the tax preparation process, states potential conflicts of interest and outlines your responsibilities as a client. The return(s) will be prepared based on information and documentation you provide without independent verification by this practice. The attached questionnaire has been provided to assist you in gathering and organizing the required tax return data. You will make available information about all your income and deductions so that substantially correct amounts of income and tax can be properly reported. It is your responsibility to maintain, in your records, the documentation necessary to support the data used in preparing your tax returns. This practice is not responsible for the disallowance of doubtful deductions or inadequately supported documentation, nor for resulting taxes, penalties and interest.

You are expected to promptly provide requested follow-up materials and any missing information. If this practice has not received all your tax return information by April 1st, 2026, we may not be able to complete the return before the filing due date. If your returns are not filed by midnight of April 15th, 2026, you may be subject to late filing and/or late payment penalties.

This practice is responsible for preparing only the returns listed above. **The preparation fee does not include responding to inquiries or examination by taxing authorities.** It is understood that anything you tell this practice during the interview for the preparation of your tax return is confidential but not protected from the IRS or state tax authority. In addition, the practice cannot disregard the implications of any information you provide in the process of preparing your return. Any of the work papers used to prepare your returns, as well as communications between you and this practice can be summoned by the IRS or other tax agency in a legal action against you. If this is of concern to you, you should discuss this with legal counsel prior to engaging this practice for the preparation of your returns. This practice will use its best judgment to resolve questions in your favor where a tax law is unclear, if there is a reasonable justification for doing so. Whenever we are aware that a possibly applicable tax law is unclear or that there are conflicting interpretations of the law by authorities (e.g., tax agencies and courts), we will explain the possible positions that may be taken on your return. We will follow whatever position you request, so long as it is consistent with the codes and regulations and interpretations that have been promulgated. If the IRS or a state tax agency should later contest the position taken, there may be an assessment of additional tax plus interest and penalties. We assume no liability for any such additional penalties or assessments.

If you are contemplating dissolution of marriage or were previously married to another client of this practice, you must understand that preparing the returns of both can involve inherent conflicts of interest for the person being asked to prepare the returns. Therefore, before this practice can prepare your return, you acknowledge that this practice cannot place information on your return in conflict with information used in preparing your spouse's or former spouse's return. Additionally, if this practice represents both parties, conversations, or other communications by either party with this practice are not considered confidential and are available to the other party. In fact, this practice may be required to disclose any oral or written communications between this practice and one party to the other party. **Payment is due upon completion and before electronic filing. Work on your 2025 return won't start until any outstanding balance for prior services is paid.** You will be provided with copies of the completed returns. It will be your responsibility to review the documents carefully before signing the authorization for this practice to electronically file the returns to verify that the information is correct and accurate.

CA AB 969 – If you made online purchases without paying CA sales tax, let me know.

I have answered the questions to the best of my recollection and have read and understood the above information.

Signature Taxpayer

Date

Signature Spouse (if applicable)

Date