



# On Point Tax & Accounting Client Organizer

PLEASE FILL OUT ALL INFORMATION BELOW FOR OUR RECORDS.  
PLEASE WRITE "SAME" ON THE LINE IF THE INFORMATION IS THE SAME AS LAST YEAR

NAME(S): (TAXPAYER & SPOUSE)

\_\_\_\_\_

CURRENT ADDRESS:

\_\_\_\_\_

COUNTY OF RESIDENCE:

\_\_\_\_\_

PA ONLY: TOWNSHIP/BOROUGH:

\_\_\_\_\_

PHONE(S): (FOR TAXPAYER & SPOUSE)

\_\_\_\_\_

EMAIL(S): (FOR TAXPAYER & SPOUSE)

\_\_\_\_\_

OCCUPATION(S): (FOR TAXPAYER & SPOUSE)

\_\_\_\_\_

BEST WAY TO COMMUNICATE

CELLPHONE  EMAIL  HOME PHONE  TAXDOME PORTAL

FILING STATUS FOR 2023?

SINGLE  MARRIED FILING JOINTLY  MARRIED FILING SEPARATELY  
 QUALIFYING WIDOW(ER)  HEAD OF HOUSEHOLD

DID YOU BUY, SELL OR REFINANCE A HOME DURING 2023?

YES  NO

IF YES, PROVIDE CLOSING DISCLOSURE(S)

ARE YOU RETIRED FROM POLICE, FIRE OR EMT SERVICE?

YES  NO

IF YES, PROVIDE THE DECEMBER 2023 DIRECT DEPOSIT PAYSTUB

DEPENDENT INFORMATION:

**MUST PROVIDE PROOF OF RESIDENCY FOR EACH DEPENDENT YOU ARE CLAIMING**

LIST ALL CURRENT DEPENDENTS: \_\_\_\_\_

LIST ANY DEPENDENTS CLAIMED LAST YEAR THAT YOU ARE **NO LONGER CLAIMING**: \_\_\_\_\_

LIST ALL NEW DEPENDENTS:

NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_ SSN: \_\_\_\_\_

PROOF OF RESIDENCY YOU ARE PROVIDING:  SCHOOL RECORD  MEDICAL RECORD  OTHER

NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_ SSN: \_\_\_\_\_

PROOF OF RESIDENCY YOU ARE PROVIDING:  SCHOOL RECORD  MEDICAL RECORD  OTHER

**BANK INFORMATION FOR DIRECT DEPOSIT**

BANK NAME: \_\_\_\_\_

(YOU MAY ALSO PROVIDE A COPY OF A VOIDED CHECK)

ROUTING NUMBER: \_\_\_\_\_ ACCOUNT NUMBER: \_\_\_\_\_

TYPE:  CHECKING  SAVINGS

DID YOU MAKE ANY FEDERAL OR STATE ESTIMATED TAX PAYMENTS?

YES  NO

IF YES, PROVIDE LIST OF PAYMENT AMOUNT AND DATE PAID

DID YOU PURCHASE HEALTH INSURANCE THROUGH THE HEALTH EXCHANGE?

YES - **NEED 1095A FORM**  NO

DID YOU RECEIVE, SELL, EXCHANGE OR OTHERWISE DISPOSE OF A DIGITAL ASSET (VIRTUAL CURRENCY)?

YES  NO