ASHEVILLE
Tax Service

Asheville Tax Service
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Asheville, North Carolina 28803
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Dear Client,

Your health and safety is important to us. We offer both appointment and virtual/drop off services.

Please take a packet and fill out the client info sheets. Enclose your info sheet along with your W-2's, 1099's, 1095-A, and any other supporting documents in the envelope and put it in the drop off mail slot. Also, for new clients please include a copy of your identification and social security card. Returning clients, please only provide an updated copy of your ID and/or SS card as needed.

Be sure to leave a current telephone number and email, so that we can contact you with any questions that we might have.

Signing the tax return will be via mail, print-sign-scan, or e-signature.

You can pay for your return through our processing bank (for a fee), dropping off a check or cash, or we also can receive payment with a credit card online or by phone.

Please note:

- **The IRS will start accepting and processing electronic returns on February 12.**
- **Refunds resulting from Earned Income Credit, Child Tax Credit, Other Dependent Credit and Education Credits will not be released until the first week of March.**
- **Refund availability is when and if the IRS and/or NC deposits the money into the account. We make no promises regarding the refund and have no way of knowing when it will be available.**

Sincerely,

Asheville Tax Service

ASHEVILLE TAX SERVICE CLIENT INFO SHEET

(* Previous clients only update any changes)

New Clients SSN or ITIN		New Spouse SSN or ITIN	

[ ] Yes [ ] No Were you, your spouse or any dependent issued an Identity Protection PIN (IP PIN)? If so, provide Notice CP01A from the IRS.

FIRST NAME *				FIRST NAME *			
LAST NAME *				LAST NAME *			
DATE OF BIRTH		OCCUPATION		DATE OF BIRTH		OCCUPATION	
HOME *		EXT		HOME *		EXT	
CELL *				CELL *			
EMAIL *				EMAIL *			
STREET ADDRESS *				APT. OR LOT NUMBER *			
CITY *				STATE *		ZIP *	

How may we contact you? [ ] Email, [ ] Phone Call, [ ] Text Message, [ ] Snail Mail

TAXPAYER IDENTIFICATION INFO		SPOUSE IDENTIFICATION INFO	
Type of photo ID: [ ] Driver's license [ ] State-issued ID		Type of photo ID: [ ] Driver's license [ ] State-issued ID	
Driver's license or state-issued photo ID number:		Driver's license or state-issued photo ID number:	
State the ID was issued in:		State the ID was issued in:	
Issue date:	Expiration date:	Issue date:	Expiration date:

TAX PREPARATION INFO

How do you want to pay for ATS services? [ ] Cash/Check/Credit Card, [ ] Out of Refund - Bank Product (Refund Transfer)

If you are due a refund, how to do you want to receive it? [ ] Check-Bank Product (Refund Transfer) [ ]Direct Deposit, [ ] IRS Check by USPS

If a Bank Product, please complete the Consent to Use form

For Direct Deposit:	Routing #	Account #

HOUSEHOLD INFORMATION: Complete the following

MARITAL STATUS ON 12/31/24: [ ] SINGLE [ ] LEGALLY MARRIED [ ] LEGALLY SEPARATED [ ] DIVORCED [ ] WIDOWED

[ ] Yes [ ] No If Legally Married, did you live at the same location (with your husband/wife) for even one night on/after June 30, 2024?

[ ] Yes [ ] No Did anyone else live in your home in 2024 besides you and the dependents you plan to list below?

[ ] Yes [ ] No Did you (apart from Government Assistance) pay over half the cost of keeping your residence?

PLEASE CHECK IF APPLICABLE	
	[ ] CHECK IF YOU OR YOUR SPOUSE CAN BE CLAIMED ON SOMEONE ELSE'S TAX RETURN
	[ ] CHECK IF YOU OR YOUR SPOUSE WANT $3 TO GO TO THE PRESIDENTIAL CAMPAIGN FUND
	[ ] CHECK IF YOU OR YOUR SPOUSE ARE LEGALLY BLIND OR DISABLED
	[ ] CHECK IF YOU OR YOUR SPOUSE ARE ACTIVELY SERVING IN THE MILITARY
	[ ] CHECK IF YOU OR YOUR SPOUSE LIVED & WORKED IN NC ALL OF 2024

HEALTH INSURANCE COVERAGE: Did you (and spouse) have health insurance in 2024? Check the applicable below.

[ ] Obamacare/Marketplace	**[ ] 1095 A (Please provide)**	**[ ] Obamacare/Marketplace**	**[ ] 1095 A (Please provide)**
[ ] Employer	**[ ] 1095 B**	**[ ] Employer**	**[ ] 1095 B**
[ ] Medicare/Medicaid	**[ ] 1095 B**	**[ ] Medicare/Medicaid**	**[ ] 1095 B**
[ ] Private Health Ins	**[ ] 1095 C**	**[ ] Private Health Ins**	**[ ] 1095 C**
[ ] Other _____ [ ] Veteran		**[ ] Other _____ [ ] Veteran**	

DEPENDENT INFORMATION (Do not list yourself or spouse on this form.)

Please list ALL individuals who live in your home and/or may qualify as your dependent.

Name (as it appears on SS Card)	DOB	Social Security	Months in Home	Relationship	Disabled	Full-Time Student

[ ] Yes [ ] No Do you have evidence to prove that the above dependents lived in your home such as School Records and/or Medical Bills?

[ ] Yes [ ] No Does anyone else have the right to claim any dependent listed above?

If the dependent is not your child, where is the father and/or mother? _____

[ ] Yes [ ] No Did any of these dependents have health insurance for 2024? If so, what kind and how many months? _____

INCOME: Did you OR your spouse receive the following in 2024? Check Yes/No (We will assume NO on anything not checked YES.)

[ ] Yes [ ] No 1 **W-2 forms from employers for ALL jobs worked during 2024 # of W-2 Forms: Taxpayer_____ Spouse_____**
[ ] Yes [ ] No 2 **Tip** income not reported on your W-2 form
[ ] Yes [ ] No 3 **Social Security Benefits, SSI**, **VA benefits** or **RR Retirement**
[ ] Yes [ ] No 4 **Unemployment Compensation** including State and Federal
[ ] Yes [ ] No 5 **Pension** and/or **IRA** withdrawal/distribution from your retirement account
[ ] Yes [ ] No 6 **Interest or dividends** from: checking, savings or other investment accounts.
[ ] Yes [ ] No 7 **Capital Gains-Did you Purchase or Sell any investments in 2024 such as Stocks, Bonds or Land?**
[ ] Yes [ ] No 8 **Self Employment** Income or Contract Labor (**1099-NEC**)
[ ] Yes [ ] No 9 **Rental Income in 2024 (1099-Misc)**
[ ] Yes [ ] No 10 **Disability** Income (from a plan at work, Social Security Disability etc.)
[ ] Yes [ ] No 11 **State Tax Refund *(if you filed a 1040 Long form and itemized last year)***
[ ] Yes [ ] No 12 Did you have debts cancelled in 2024 (e.g. Car, Credit Card, Home Mortgage) (1099-C)
[ ] Yes [ ] No 13 Any other income such as Farm, Alimony, **Gambling Winnings, Awards, Prizes,** Etc.
[ ] Yes [ ] No 14 Did you receive any distributions or make any contributions from a Health Savings Account (HSA) or Archer MSA during the year?

ADJUSTMENTS In 2024, did you or your spouse pay for or contribute to:

[ ] Yes [ ] No 1 If an **educator**, any un-reimbursed expense for **school related supplies**
[ ] Yes [ ] No 2 Are you making/ receiving Alimony payments?
[ ] Yes [ ] No 3 IRA or other **retirement** account
[ ] Yes [ ] No 4 Are you making payments on a **student loan**?

ITEMIZED DEDUCTIONS In 2024, did you or your spouse pay:

[ ] Yes [ ] No 1 Un-reimbursed medical expenses paid in 2024, incl. Health Ins., Long Term Care, Out of Pocket
[ ] Yes [ ] No 2 Home **mortgage interest, real estate taxes, or vehicle taxes**
[ ] Yes [ ] No 3 Home Equity Interest: That was used to improve your principal residence.
[ ] Yes [ ] No 4 **Charitable contributions**

CREDITS In 2024, did you or your spouse pay for:

[ ] Yes [ ] No 1 **Day Care** expenses that allow you (and spouse) to work
[ ] Yes [ ] No 2 **Educational** expenses (**college tuition & fees**) for you, spouse or dependents (attach 1098-T)
[ ] Yes [ ] No 3 Did you Purchase or Sell a Home in 2024? [ ] Yes [ ] No Did you receive the New Home Buyers Credit in 2008?

OTHER QUESTIONS

[ ] Yes [ ] No 1 At any time in 2024, did you receive, sell, send, exchange, or dispose of any financial interest in any digital asset?
[ ] Yes [ ] No 2 Did you make any estimated payments toward your 2024 taxes?
[ ] Yes [ ] No 3 Did you have a financial interest in or signature authority over funds in a foreign country?
[ ] Yes [ ] No 4 Did you receive a distribution from, or were you a grantor of, or transferer to, a foreign trust?
[ ] Yes [ ] No 5 Did you own property in a foreign country?
[ ] Yes [ ] No 6 Did you receive any notices from the IRS or state tax authority? If yes, explain:_____
[ ] Yes [ ] No 7 Do you **owe** ANY government agency? (IRS/NC back taxes, child support, VA, student loans, food stamps, housing assistance, SSA, etc.)
[ ] Yes [ ] No 8 Did you purchase a qualifing energy efficient vehicle?
[ ] Yes [ ] No 9 Did you make any energy-efficient improvements to your home during the year?
[ ] Yes [ ] No 10 Did you make **purchases outside of NC** (internet, etc.) and need to pay NC use tax?
[ ] Yes [ ] No 11 Would you like a copy of your tax return sent to you electronically instead of receiving a printed copy?

Please list any other information we may need to prepare your tax return:

To the best of my knowledge the information shown on this form is correct and includes all income deductions and other information necessary for the preparation of this year's income tax returns for which I have adequate records. TYPING NAME CONSTITUTES SIGNATURE

TAXPAYER SIGNATURE _____ ***DATE*** _____

SPOUSE SIGNATURE _____ ***DATE*** _____

ASHEVILLE
Tax Service

Consent to Use of Tax Return Information

ASHEVILLE TAX SERVICE, INC. ("we," "us" and "our")

Federal law requires this consent form be provided to you ("you" refers to each taxpayer, if more than one). Unless authorized by law, we cannot use, without your consent, your tax return information for purposes other than the preparation and filing of your tax return.

You are not required to complete this form. If we obtain your signature on this form by conditioning our services on your consent, your consent will not be valid. Your consent is valid for the amount of time that you specify. If you do not specify the duration of your consent, your consent is valid for one year.

If you do not consent, then you may still have your tax return prepared and electronically filed by us for a fee.

For your convenience, we will need your consent to use your tax information for the following uses to determine whether these products may be available to you:

- A bank to provide qualifying taxpayers with the opportunity to apply for an e-Advance, a Refund Transfer or a Refund Direct Deposit by analyzing and calculating the amount of your anticipated refund.
- Agrees to the disclosure of prior years' refunds and funding amounts to the financial institution.
- A third party to provide qualifying taxpayers with the opportunity to apply for health insurance. A third party to provide you with either text or email notifications of acknowledgements regarding various return acceptance status and refund issuance status.
- We may check "Where's my refund" on the IRS website and check the NC Dept. of Revenue website to determine the status of your return and your refund.

If you would like us to use your tax return information to determine whether these products may be available to you while we are preparing your return, please sign and date this consent to the use of your tax return information.

By signing below, you (including each of you if there is more than one taxpayer) authorize us to use the information you provide to us during the preparation of your 2024 tax return to determine whether to present you with the opportunity to apply for these products and services. *(Typing name constitutes signature)*

Printed Name of Taxpayer: _____

Taxpayer Signature: _____ Date: _____

Printed Name of Joint Taxpayer: _____

Joint Taxpayer Signature: _____ Date: _____

If you believe your tax return information has been disclosed or used improperly in a manner unauthorized by law or without your permission, you may contact the Treasury Inspector General for Tax Administration (TIGTA) by telephone at 1-800-366-4484, or by email at complaints@tigta.treas.gov.