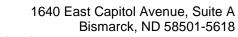


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Client and Tax Information: Tax Year 2023

It is important to provide any changes from last year on this form.

Client Information (required):						
Taxpayer Name:		Name of Spouse:				
Social Security Number:		Social Security Number:				
Birthdate:		Birthdate:				
Occupation:		Occupation:				
Email:		Email:				
Cell Phone (we use as primary contact):		Cell Phone (we use as secondary contact):				
Work Phone:		Work Phone:				
Home Phone:	Home Address	;:				
Dependent Information:						
Name of Dependent			Social Se	curity Number	Date of Birth	
- Child Care:						
Provider Name:		Address:				
Social Security Number or FEIN if they have one:		Amount Paid (annually):				
Provider Name:		Address:				
Social Security Number:		Amount Paid (annually):				
- Tuition and Related Expenses:						
For any household member incurring tuition	•				ent in addition to a	
summary of expenses paid for books, supplies, and equipment for post-secondary education.						
Name of Student	Year in College (indica		e 1 2 3 4) Tuition (annual)			



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Health Insurance:						
Do you have health insurance:YesNo						
Please attach FORM 1095 that you received regarding your health insurance policy.						
Charitable Donations (list below):						
Charitable donations – cash:						
Charitable donations – non-cash:						
Itemized Deductions:						
- Contributions:						
Non-cash contributions:						
- Medical:						
Medical insurance premiums:	Medicine and prescription drug expenses:					
Hospital and clinic expenses:	Dental expenses:					
Optician and eyeglass expenses:	All other medical expenses:					
Miles driven to obtain medical care (annually):						
- Taxes:						
Sales tax on vehicles (cars, motorcycles, etc.):	State income tax:					
Real estate taxes:						
- Home Mortgage Interest:						
Amount:						
IRA:						
Did you make contribution(s) to an IRA:YesNo If "yes", please complete those areas that apply.						
Taxpayer:	Spouse:					
Roth IRA amount:	Roth IRA amount:					
Traditional IRA amount:	Traditional IRA amount:					
SEP, Keogh, or SIMPLE amount:	SEP, Keogh, or SIMPLE amount:					
Tax Estimates for 2023: Did you make any:	NoYes (if "yes", complete below)					
	leral State					
April						
June						
September						
December 31 (made BEFORE 12/31/2023)						
January (made AFTER 12/31/2023)						
FORM 1099-K						
Did you receive payments through any payment apps:YesNo If "yes", provide us with all 1099-K forms you have received. Be sure to note those that you received as reimbursement from a friend or family member, as those amounts are not taxable.						
Income other than W-2's, which you have provided us:						
Please submit any other forms which show income amounts.						