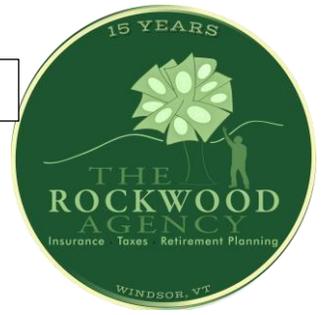


2025

PERSONAL INFO QUESTIONNAIRE



* NEW CLIENTS PLEASE PROVIDE THE PREVIOUS YEAR TAX RETURN*

RETURNING CLIENTS NEED TO ONLY COMPLETE PAGE 2

Name(s):

Filing Status: **Please Circle:**

(Single, Married Filing Jointly, Married Filing Separately, Head of Household, Widowed)

Mailing Address: _____

Physical Address: _____

D/O/B: _____ SS#: _____

Occupation: _____

Driver's License # & State: _____/_____

Date License Issued: _____ Date License Expires: _____

Phone Number: _____ Email Address: _____

Cell Phone: _____ Is Text Message A Communication Option? (Y/N)

Direct Deposit (EFT) Info If Refund Is Anticipated: Checking or Savings (**Please Circle**)

Name Of Bank: _____

Routing #: _____ Account #: _____

Health Insurance In 2025 (Y/N) _____ What Months Were You Covered: _____

Do you have health insurance through VT Health Connect or Healthcare.gov? (1095A) _____

All Other Household Members:

Name: _____ **D/O/B:** _____

SS#: _____ **Relationship:** _____ **Dependent (Y/N):** _____

Occupation: _____ **Driver's License # & State:** _____/_____

Date License Issued: _____ **Date License Expires:** _____

Health Insurance In 2025 (Y/N) _____ **What Months Were You Covered:** _____

Name: _____ **D/O/B:** _____

SS#: _____ **Relationship:** _____ **Dependent (Y/N):** _____

Occupation: _____ **Driver's License # & State:** _____/_____

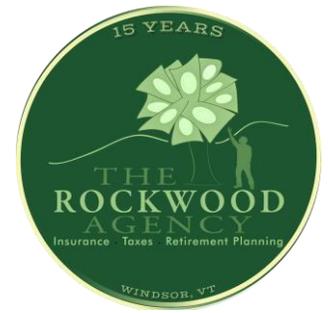
Date License Issued: _____ **Date License Expires:** _____

Health Insurance In 2025 (Y/N) _____ **What Months Were You Covered:** _____

Add additional members if applicable on additional page.

Name(s) on the
Tax Return:

2025 TAX FACT SHEET



Did your address (physical or mailing) change in 2025? _____

If so, what is your new address? _____

Were you married or divorced in 2025? _____

Do you need to add or remove child(ren) to your return? _____

Did anyone live with you in 2025, who isn't on your tax return? _____

If a VERMONT Homeowner - **did you include your property tax bill** to file your Homestead? _____

Did you or your spouse renew your driver's license in 2025: Please Provide Number, Issue Date, and Expiration Date: _____

Did everyone on the tax return have health insurance all year long? _____

Please Confirm Direct Deposit Information: Checking or Savings (Circle)

Routing #: _____ Acct.#: _____

Can we email or text you tax questions or feedback? _____

Can we provide you with an electronic copy of your tax return (in lieu of a paper copy)? _____

Did your phone number change? _____

Did your email change? _____

Did you purchase a home in 2025? _____

Did you sell a home in 2025? _____

Did you receive, sell, exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset) or cryptocurrency? _____

Did you purchase any items online or in NH that would require Vermont Use tax? **(Yes/No)**

If so, what was the dollar amount of NH purchases: _____ Any energy improvement upgrades in 2025? If so, please provide supporting documents.

Did you start or end a business in 2025? _____ Any additional information you think we should know about this year's return:

THE ROCKWOOD INSURANCE & TAXATION AGENCY, LLC

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