



KAPLAN MANAGEMENT CONSULTANTS, INC
CLIENT INFORMATION SHEET
TAX YEAR 2025

*****If not applicable, please indicate N/A*****

PERSONAL INFORMATION-YOUR LAST NAME MUST MATCH THE NAME ON YOUR SOC. SEC. CARD

TAXPAYER _____
FULL NAME (AS APPEARS ON SOC. SEC.CARD) EMAIL ADDRESS

SPOUSE _____
FULL NAME (AS APPEARS ON SOC. SEC.CARD) EMAIL ADDRESS

PREFERRED PHONE # _____

ADDRESS INFORMATION

Did you move in 2025? YES NO
(If no, please skip to next section)

STREET ADDRESS _____

CITY, STATE & ZIP CODE _____

DIRECT DEPOSIT

****** IF SAME AS LAST YEAR, PLEASE INDICATE******

BANK NAME _____

ROUTING NUMBER _____

ACCOUNT NUMBER _____

CHECKING SAVINGS

DEPENDENT INFORMATION- PLEASE LIST DEPENDENTS YOU ARE CLAIMING FOR THE 2025 TAX YEAR.

IF A DEPENDENT HAS NOT BEEN CLAIMED PREVIOUSLY, PLEASE PROVIDE THEIR SSN AND DATE OF BIRTH.

Name SSN Date of Birth

Name SSN Date of Birth

FOREIGN ACCOUNT REPORTING- YOU ARE REQUIRED TO REPORT OWNERSHIP OR SIGNATORY OVER FOREIGN BANK OR BROKERAGE ACCOUNTS THAT HAD AN AGGREGATE VALUE OVER \$10,000 AT ANY TIME DURING THE TAX YEAR.

DO YOU OWN A FOREIGN BANK/BROKERAGE ACCOUNT? YES NO

DID YOU TRADE ANY CRYPTOCURRENCY IN 2025? YES NO

CHILD CARE INFORMATION- A CREDIT MAY BE AVAILABLE FOR EXPENSES PAID TO A DAYCARE, PRESCHOOL, OR CAMP FOR A CHILD UNDER THE AGE OF 13. IF SO, PLEASE PROVIDE THE FOLLOWING:

CHILD CARE PROVIDER NAME _____ FED ID OR SS# _____

ADDRESS _____

AMT PAID FOR YR _____ DEPENDENT NAME(S) _____

HIGHER EDUCATION INFORMATION-A CREDIT MAY BE AVAILABLE FOR QUALIFIED EXPENSES PAID TO AN INSTITUTION OF HIGHER LEARNING. PLEASE SUBMIT FORM 1098-T FOR EACH STUDENT.

FEDERAL AND STATE ESTIMATED PAYMENTS (IF APPLICABLE)

FED: _____
APRIL JUNE SEPT JAN

STATE: _____
APRIL JUNE SEPT JAN

2025 DEDUCTIONS

CHARITABLE DONATIONS

CASH \$ _____ NON-CASH (FAIR MARKET VALUE) \$ _____

UNREIMBURSED EMPLOYEE BUSINESS EXPENSES-PLEASE NOTE THAT UNREIMBURSED BUSINESS EXPENSES ARE NO LONGER DEDUCTIBLE FOR FEDERAL PURPOSES. THESE DEDUCTIONS MAY BE DEDUCTIBLE AT A STATE LEVEL DEPENDING ON THE STATE IN WHICH YOU RESIDE.

TAXPAYER AND SPOUSE

LOCAL TRAVEL \$ _____

BUSINESS PUBLICATIONS \$ _____

UNION DUES \$ _____

TELEPHONE \$ _____

UNIFORMS \$ _____

OFFICE SUPPLIES \$ _____

UNREIMBURSED MEDICAL EXPENSES

UNREIMBURSED MEDICAL EXPENSES INCURRED IN 2025 \$ _____

PLEASE NOTE You must have adequate documentation to support income & deductions listed on the tax return