

Attached, please find the client profile sheet for your 2025 tax preparation. Please fill it out completely, attach it to your tax documents once they are all received, and drop off at the office.

Individual Tax Returns include the federal return and one state filing, along with electronic filing of the tax returns. Also included are schedules A, B & D (unless the transactions are excessive, then additional fees will incur)

The processing fee will increase 5% on average per year (subject to change)

Additional charges will consist of the following: (Prices subject to change)

Additional state return(s) - \$85.00 per state

Form PSA-1 (Senior Freeze) - \$50.00

K1's - \$80.00 each

Schedule C - \$125.00 (which must be itemized otherwise additional fees will be incurred for accounting work)

Schedule E - \$125.00

Fee for tallying receipts - \$25.00

Copy fee - \$25.00 (Hard copy)

Additional processing fee for any MISSED documents after tax return is processed – \$25.00 per document

Responding to IRS and/or state tax notices will incur additional fees.

There will be a 3% charge for credit/debit card processing.

Thank You,

Clearview Advisory Group, P.C.

d/b/a Davis CPA Group

2025 CLIENT PROFILE CHECKLIST

How would you like to receive your tax return?

PAPER Copy _____ EMAIL Copy _____

NAME: _____

SPOUSE: _____

PHONE: _____

PHONE: _____

EMAIL: _____

EMAIL: _____

DID YOU MOVE YES NO

ADDRESS: _____

FILING STATUS: SINGLE MARRIED FILING JOINT MARRIED FILING SEPARATE HOH

DEPENDENTS: SAME AS LAST YEAR _____ *Please indicate if you ADDED or REMOVED a dependent

NAME: _____ SS# _____ DOB: _____ ADD or REMOVE

NAME: _____ SS# _____ DOB: _____ ADD or REMOVE

CHILDCARE EXPENSES: Provider: _____ Address: _____

EIN# _____ Total Childcare Paid \$ _____

Any dependent child attending college? YES NO *If YES, please provide 1098T

IMPORTANT - Are any Dependent children filing their OWN tax return? Yes No If YES, who? _____

IF ANY OF THE FOLLOWING RELATE TO YOU, PROVIDE THE APPLICABLE FORMS

MORTGAGE INTEREST FORM 1098
HEALTHCARE FORM 1095A (Marketplace) or 1095B or C (Employer Provided)
INVESTMENT ACCOUNTS FORM 1099DIV, INT, 1099B, Consolidated Brokerage Statement
MISCELLANEOUS/SELF-EMPLOYED FORM 1099-NEC, 1099-MISC, 1099-K
UNEMPLOYMENT BENEFITS FORM 1099-G (DOWNLOAD FROM NJ DOL WEBSITE)
CANCELLATION OF DEBT FORM 1099C
SOCIAL SECURITY/DISABILITY FORM 1099 SSA
BANK INTEREST FORM 1099-INT
RETIREMENT ACCOUNTS FORM 1099R

* AGE 59 1/2 OR YOUNGER, DID YOU WITHDRAW FROM YOUR RETIRMENT ACCOUNT? YES NO

*AGE 70 1/2 OR OLDER, DID YOU TAKE THE REQUIRED MINIMUM DISTRIBUTION (RMD) YES NO

VIRTUAL CURRENCY: Did you receive, sell, exchange, gift or dispose of digital assets (i.e. Bitcoin) YES NO

Do you have any FOREIGN financial accounts? YES NO

Do you have any FOREIGN financial assets or hold interest in a FOREIGN entity? YES NO

Did you receive overtime compensation or reported tip income in 2025? (If yes, provide final 2025 paystub. YES NO

* Did you apply for or receive a 6 digit IRS Theft protection PIN? If yes, provide the 6 digit PIN. YES NO

VETERAN EXEMPTION:

ARE YOU A VETERAN: YES NO SPOUSE: YES NO

Have you previously filed for your Veterans Exemption in NJ? YES NO If NO provide DD214 paperwork

DEDUCTIONS:

TOTAL

CHARITABLE CONTRIBUTIONS

\$ _____

Please DO NOT include receipts, only TOTALS

NON-CASH CONTRIBUTIONS

\$ _____

MEDICAL EXPENSES*

\$ _____

*Include all out of pocket expenses, prescriptions, dental,

INSURANCE PREMIUMS

\$ _____

vision. **DO NOT** include Employee paid premiums

HSA AMOUNTS

\$ _____

or HSA amounts in the medical expenses.

***PROPERTY TAXES PAID IN 2025:** _____

TOTAL RENT PAID IN 2025 _____

*Provide Property Tax Assessment Card from Township

Number of months in rental: _____

DID YOU PURCHASE A PROPERTY

YES NO

If YES, provide HUD1 Settlement Sheet

DID YOU SELL A PROPERTY?

YES NO

IF YES, What type of property?

PRIMARY HOME

SECONDARY HOME

RENTAL PROPERTY

LAND

THE FOLLOWING INFORMATION IS MANDATORY FOR THE SALE OF A PROPERTY:

Original Purchase Date: _____

Original Purchase Price: _____

Capital Improvements (any work done to the property to improve the value)

TOTAL \$ _____

Date of Sale: _____

Sale Price: _____

***Include a copy of the Settlement Sheet**

BANK INFORMATION FOR DIRECT DEPOSIT

*May provide a copy of a voided check

Bank Name _____

Type of Account _____

Routing Number _____

Is this a Joint Account? YES NO

Account Number _____

SAME ACCOUNT AS LAST YEAR? YES NO

***** Due to new IRS changes, effective September 2025, refunds will no longer be issued via paper check. If you do not provide a bank account, your refund may be delayed or not issued by the IRS.**

ESTIMATED TAXES

Do you need estimated tax payment schedule for 2026?

YES

NO

Must list the following for each Estimated Tax Payments made towards your 2025 tax liability:

	Date Paid	Amount Paid	Method of Payment (Check / EFT)
Federal:	Qtr 1		
	Qtr 2		
	Qtr 3		
	Qtr 4		
NJ/Other:	Qtr 1		
	Qtr 2		
	Qtr 3		
	Qtr 4		

DRIVERS LICENSE OR VALID STATE ID:

Please provide a copy or bring in Taxpayer AND Spouse Valid ID

My/our signature confirms that the information provided is true and accurate to the best of my knowledge. I/we did not have any major changes last year and did not need to complete the detailed client profile packet. I/we understand that failure to provide ALL necessary information will delay the processing of my tax return and I will incur **additional processing fees if any of my documents are missing**. The fee is \$25.00 per document.

Taxpayer's Signature: _____

Date: _____

Spouse's Signature: _____

Date: _____