

### PERMANENT FILE INFORMATION SHEET

**TAX YEAR** \_\_\_\_\_ **Did we prepare your return last year?** **YES** **NO**  
**DATE** \_\_\_\_\_ **Filing Status:** **MFJ** **S** **MFS** **HOH**

1) Name(s) \_\_\_\_\_ DOB \_\_\_\_\_ SSN \_\_\_\_\_  
 \_\_\_\_\_ DOB \_\_\_\_\_ SSN \_\_\_\_\_

2) Address: \_\_\_\_\_ 3) Phone number \_\_\_\_\_  
 \_\_\_\_\_ 4) E-mail address \_\_\_\_\_

\*\*Resident of which State? \_\_\_\_\_

5) List any Dependents here: Are there any changes to dependents from prior year? **Yes** **No**  
 List changes (if any) below:

Name \_\_\_\_\_ M / F DOB \_\_\_\_\_ SSN \_\_\_\_\_  
 Name \_\_\_\_\_ M / F DOB \_\_\_\_\_ SSN \_\_\_\_\_  
 Name \_\_\_\_\_ M / F DOB \_\_\_\_\_ SSN \_\_\_\_\_

**Attach copy of Social Security cards for new dependents or newly married individuals**

Did each dependent live in your household for the entire year? **Yes** **No**  
**If you are HOH, who claims your children?** \_\_\_\_\_

6) Are you claimed as a Dependent on anyone else's return? **Yes** **No**  
 If yes, enter your Parent/Guardian's name here \_\_\_\_\_

7) What type of income did you receive this year? (Check all that apply)  
 \_\_\_\_\_ **W-2's** \_\_\_\_\_ **Interest Income** \_\_\_\_\_ **1099's** \_\_\_\_\_ **Other:** \_\_\_\_\_

8) What type of expenses did you have this year? (Check all that apply)  
 \_\_\_\_\_ **Interest on School Loans (1098-E)** \_\_\_\_\_ **College Tuition (1098-T)**  
 \_\_\_\_\_ **Real Estate Tax Paid** \_\_\_\_\_ **Sales Tax Paid on New Vehicle**  
 \_\_\_\_\_ **Mortgage Interest Paid (1098)** \_\_\_\_\_ **Daycare-Provider's name, SSN, address & amount paid.**  
 \_\_\_\_\_ **Other:** \_\_\_\_\_ **Y / N - Charitable Donations - Amount \$** \_\_\_\_\_

9) Did you or are you going to contribute to an IRA or Roth IRA? **Traditional** **Roth**  
 If so, how much did/will you contribute? \$ \_\_\_\_\_ Maximum = \$6,500; \$7,500 if 50 and over

10) Did you, your spouse, and dependents all have health insurance during the year? **Yes** **No**  
 If answer to #11 is yes, please provide one of the following documents:  
**Form 1095-A** - You obtained Health Insurance through the Health Insurance Marketplace (a.k.a. Obamacare)  
**Form 1095-B** - You obtained Health Insurance **OUTSIDE** of the Health Insurance Marketplace

11) At any time during 2023, did you receive, sell, exchange, or otherwise dispose of any financial interest in virtual currency?  
 (examples: Bitcoin, Litecoin, Ethereum, etc.) **Yes** **No**

12) Did you pay property taxes in the State of Nebraska? **Yes** **No**  
 If yes, provide all property tax statements which include your parcel identification number and county paid.

13) If applying for a **Nebraska Homestead Exemption**, please provide a summary of all medical expenses paid in 2023.

14) Would you like your return to be Direct Deposited/Debited? **Checking** **Savings**  
 Debit Date \_\_\_\_\_ Please attach copy of cancelled check.