



Client Profile Sheet – Tax Year 2025

Today's Date: _____

Customer Type: New Existing

Did you receive any Unemployment Payments in 2025? Yes No

If yes, enter the total amount received: \$ _____.

Filing Status (only one)

() Single
() Married Filing Joint
() Married Filing Separate
() Head of Household
() Widow(er) w/ Child

Product

() RT Check (7 to 21 Days)
() Advance Loan up to \$6,000

How did you hear about us?

() Walk In
() Advertisement Type _____
() Referred By: _____
Phone # (*required*): _____
() Other: _____

How would you like to receive your tax refund? Check _____ Direct Deposit

Have you been audited in the past 5 years? Yes No

Are Taxpayer and Spouse legally married? Yes No

Interested in speaking with us about Life Insurance? Yes No

Did you purchase **Health Insurance** through the Marketplace (healthcare.gov) in 2025? Yes No

Taxpayer Name _____

Date of Birth _____ Taxpayer SS# _____

Address _____ City _____ State _____ ZIP _____

Cell Phone _____ Home Phone _____ Work Phone _____

Email _____

Spouse Name _____

Date of Birth _____ Spouse SS# _____

Address _____ City _____ State _____ ZIP _____

Cell Phone _____ Home Phone _____ Work Phone _____

Email _____

DEPENDANTS (please list the *YOUNGEST* dependent FIRST)

First Name	Last Name	SS#	Age	Date of Birth	Relationship

MOXY Tax Service will prepare your 2025 individual tax return from information that you have provided. We will not audit the information you provided us with. You, the taxpayer, are ultimately responsible for the preparation and filing of your return. I, the taxpayer(s) named above, have provided MOXY Tax Service with the tax information and, to the best of my knowledge, this information is true.

Taxpayer's Signature _____

Date _____

Spouse's Signature _____

Date _____

Thank you for your Patronage



TAX DECLARATION

ALL RETURNS:

	Yes	No
Have you provided correct identification numbers (photocopies if possible)?.....		
Do the names of the return match your social security records, children included?		
Are you legally married based on your state's legal definition of marriage?.....		
If yes, did your spouse live in your home at any time during July through December?.....		
Can someone else claim you/spouse as dependent?.....		
Did you/spouse receive any kind of military pay earnings?.....		
Did you/spouse receive any kind of housing allowances or government assistance?.....		
Did you/spouse live with anyone with a higher adjusted gross income?.....		
If yes, but renting a room, do you have a rental agreement?.....		

DEPENDENTS AND/OR QUALIFYING CHILDREN:

	Yes	No
Have you verified your dependent's birthday information as entered in the return?.....		
Did you/spouse provide over 50% of total support for each dependent?.....		
Do your EIC qualifying children meet any one of these requirements:		
Under age 19 and lived in the taxpayer's home more than one half year?.....		
Under age 19 and foster child of taxpayer ad lived in taxpayer's home full year?		
Full time student age 19 to 23?.....		
Totally disabled and can provide proof?.....		
Did your EIC qualifying children live with you in the same main home in the U.S.?.....		

I declare that I understand the above questions and have answered them truthfully to the best of my ability.

Signature _____

Date _____

Thank you for your Patronage