RFS
Rivers Financial Services

Client#_____ Date:_____

Taxpayer/Spouse Name: Phone Number(s): Email(s):

Address, if different from last year or a new client:

Direct Deposit Information

- Bank Name _____ Bank Account _____Routing Number _____

Dependents Y or N (Please circle) If Y, please answer questions below:

- Same as last year: Y or N If N, please explain:_____
- Public, Private, or Home School: _____
- Child Care Expenses: Y or N If Y, provide Name, Address, SSN/EIN, Expense Amount from provider
- College Student(s): Y or N Name: _____ Year in College:_____(1098-T form(s) required)
- 529 Contributions in 2025: Y or N If Y, provide Amount Contributed to each account_____
- For new dependents please provide Name, DOB, SSN, Relationship, Months in Home

Other (Please circle Y or N)

IRA Contribution(s): Y or N If Y $_____ Roth or Traditional (circle one) Taxpayer or Spouse

IRA Distribution(s): Y or N If Y, include 1099-R form(s)

Certified Energy Tax Credits: (Insulation/Furnace/Water Heater/Windows/Solar/Geothermal) $_____

Health Savings Account (HSA): Y or N $_____ If Y, 1099-SA (Distributions) & 5498 (Contributions)

Mortgage Interest: Y or N $_____ Property Taxes: Y or N $_____

Rent: Y or N $_____ If Y, provide Amount, Address, # of Months Rented, and Landlord's Name & Address

1095 A Health Insurance (Marketplace Health Plan): Y or N $_____ If Y, 1095-A form required

Charitable Donations (over $200): Y or N $_____ (Receipts required for donations greater than $200)

New Car Purchased in 2025: Y or N Assembled in U.S: Y or N If Y, interest paid $_____ VIN #_____

Did anyone pay tax on Tips or Overtime: Y or N If Y, amount must be on W-2 or letter from employer

Did anyone claim unemployment benefits in 2025: Y or N If Y, 1099-G form required

Print Name: _____

Signature: _____