



DROP OFF CLIENT TAX INFORMATION

Date: _____

Taxpayer Name: _____ Spouse Name: _____

Copies of your Current Drivers License or State ID are REQUIRED for taxpayer and spouse as well as Social Security Cards for all family members.

Please provide following information if different from last tax year:

Address: _____

Phone #: _____

Filing Status: _____ Married _____ Married Filing Separate _____ Single _____ Head of Household

If not married, do you live with anyone? YES / NO

If you have dependents please fill out the attached IRS required dependency questionnaire.

Do you rent? YES / NO Monthly rent paid: \$ _____ Number of months rented _____

Rental address (if different from above) _____

Landlord's Name & Address _____

If you received Marketplace coverage we will need a copy of form 1095A BEFORE your taxes can be filed.

Do you own any foreign accounts or property? YES / NO Did you buy or sell any crypto currency? YES / NO

Did you receive Stimulus payments? YES/NO If yes, how much did you receive? _____

Do you want your tax preparation fees to be deducted from your refund for an additional bank fee of \$60? YES / NO

If YES, please answer one of the following security questions:

What is your mother's maiden name? _____

What high school did you attend? _____

If you are receiving a refund how would you like to receive it? _____ Check _____ Direct Deposit

If Direct Deposit, please list your bank information: *When bank information is changed we require a voided check (This needs to be verified every year. If it is the same as last years please indicate below with same)

Name of Bank: _____ Routing #: _____

Account #: _____ Savings _____ Checking

Other information that you feel may be pertinent to your tax preparation: _____