



Griffin Accounting®

Date _____

Remember -- It's your money, NOT the IRS®. Preparer _____

**OFFICE
USE**

License Scanned
BOTH if MFJ

Social Security Card Scanned
for NEW children

Home: _____ Cell: _____ Email: _____

Married Single Married, filing separated Widowed (in last 2 yrs) Head of Household w/dependent

REQUIRED Spouses information

****RETURNING CLIENTS please MARK ANY CHANGES in following:**

Taxpayer:

Spouse:

Date of Birth: _____

Date of Birth: _____

Name: _____

Name: _____

Address : _____

Address: (if different) _____

PLEASE CHECK if you want your returned mailed back \$10.00 Fee OR you will pick up

Social Security #: _____

Social Security #: _____

Can anyone else claim you as a dependant? NO YES (if YES WHO claims you) _____

Do you have any dependents to claim on your return?

Yes (complete below) No I do not know if they qualify as a dependent

**Medical
Coverage**

Name (as it appears on SS Card)	Social Security #	Date of Birth	College Yes/No	Care Yes/No	Medical Coverage Yes/No
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

List anyone else in household _____

Medical Coverage: YES NO (all year) 1095-A, COPY NEEDED

Housing: (check ALL that apply)

Business or Rental: (check ALL that apply)

- Property Tax
- Refinance (closing documents)
- Purchased a New Home (closing documents)

- Taxes
- Insurance
- Expenses

NEW DROP CLIENTS NEED: COPY of last tax return ALL W-2/1099 for year

CHOOSE REFUND TYPE Direct Deposit or MAILED CHECK

Name of BANK _____

Account Number _____

If you are a NEW CLIENT, how did you hear about us? INTERNET ___ FB ___ Yellow Pages ___ Billboard ___
Referred by a friend (please tell us their name) _____ Other _____

NOTE: NEW IRS QUESTIONS: 1. Any foreign bank accounts yes No **2. Any virtual currency** yes No
Returning clients: any changes to Direct deposit yes No