

Date _	_/_	/	
DROP#			
	_		

Other

OFFICE License Scanned Social Security Card Scanned USE for NEW children BOTH if MFJ 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: ANY changes to DIRECT DEPOSIT? YES NO Taxpayer: **Spouse:** Date of Birth: Date of Birth: Name: Name: Address: (if different) Address: Social Security #: Social Security #: Security #: _____ Social Security #: _____ PLEASE CHECK if you want your returned mailed back \$\overline{\subseteq}\$\$\$\$\$\$\$\$\$\$\$\$\$\$10.00 Fee OR you will pick up Can anyone else claim you as a dependant? NO VES (if YES WHO claims you) Do vou have any dependents to claim on your return? YES (complete below) NO I do not know if they qualify as a dependent Medical College Child Care Coverage Social Security # Date of Birth Name (as it appears on SS Card) Yes/No Yes/No Yes/No List anyone else in household Medical Coverage: YES NO (all year) 1095-A, COPY NEEDED Business or Rental: (check ALL that apply) **Housing:** (check ALL that apply) Property Tax Rent Taxes Refinance (closing documents) **Insurance** Purchased a New Home (closing documents) 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** 1. Any foreign bank accounts? YES NO 2. Any virtual currency? YES NO 3. Did you RECEIVE any Unemployment? YES NO 4. Any 401K WITHDRAWAL(s)? YES NO 5. Did you RECIEVE a STIMULUS check(s)? IF YES AMOUNT received. 6. Did you defer any PAYROLL TAXES? YES NO 7. Any CASH DONATIONS? YES 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)