



# Griffin Accounting®

Remember – It's your money, NOT the IRS®

Date \_\_\_/\_\_\_/\_\_\_  
DROP #  
-

<b>OFFICE USE</b>	License Scanned BOTH if MFJ	Social Security Card Scanned for NEW children
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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: \*\*** highlighted areas only  
**ANY changes to DIRECT DEPOSIT?**  YES  NO

**Taxpayer:** \_\_\_\_\_ **Spouse:** \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**Name:** \_\_\_\_\_ Name: \_\_\_\_\_

Address : \_\_\_\_\_ Address: (if different) \_\_\_\_\_

Social Security #: \_\_\_\_\_ Social Security #: \_\_\_\_\_

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

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

Name (as it appears on SS Card)	Social Security #	Date of Birth	College Yes/No	Child 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)

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

**Business or Rental:** (check ALL that apply)

- 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 \_\_\_\_\_

\*\*\*\*\* **NOTE: IRS QUESTIONS** \*\*\*\*\*

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 RECEIVE a STIMULUS check(s)? IF YES AMOUNT \_\_\_\_\_/\_\_\_\_\_ received.
6. Did you defer any PAYROLL TAXES?  YES  NO    7. Any CASH DONATIONS?  YES  NO

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 \_\_\_\_\_