

Date ___/___/___
DROP # _____



Griffin Accounting®

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

OFFICE USE

LICENSE SCANNED Both if MFJ SOCIAL SECURITY CARD SCANNED FOR CHILDREN

Married
 Single
 Married, filing Separated
 Widowed (in last 2 years)
 Head of Household

Taxpayer:
 Date of Birth: _____
 Name: _____
 Address: _____

 Social Security # _____
 Phone# _____
 E-Mail: _____

Spouse:
 Date of Birth: _____
 Name: _____
 Address: (if different) _____

 Social Security # _____
 Phone# _____

PLEASE CHECK if you want your return mailed back \$10 Fee OR you will pick up
 Can anyone else claim you as a dependent? NO YES (if YES WHO claims you) _____

Do you have any dependents to claim on your return?

YES
 NO
 I don't know if they qualify as a dependent

(Complete below)

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

List anyone else in household you can claim as a dependent _____

Medical Coverage: Yes (all year) NO 1095-A. Copy Needed

Drop Clients Need: Copy of last tax return and all W-2/1099 for year being dropped. Choose Refund Type Direct Deposit or Mailed Check
Name of Bank _____
Account Number _____

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

- Any foreign bank accounts Yes/No
- Any Virtual Currency? Yes/No
- 1099-INT Yes/No
- Did you RECEIVE a STIMULUS Check? If YES AMOUNT _____
- Any CASH Donations? Yes/No
- Did you receive ANY ADVANCE CHILD tax Credit? If YES AMOUNT _____

How did you hear about us? INTERNET FB YELLOW PAGES BILLBOARD OR WERE YOU REFERRED BY A FRIEND
 PLEASE TELL US THEIR NAME _____