



Griffin Accounting®

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

Date ___/___/2023

DROP # _____

OFFICE USE

LICENSE SCANNED *Both* if MFJ SOCIAL SECURITY CARD SCANNED for CHILDREN

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

Taxpayer:

Spouse:

Date of Birth: _____

Date of Birth: _____

Name: _____

Name: _____

Address: _____

Address: *(if different)* _____

Social Security # _____

Social Security # _____

Phone# _____

Phone# _____

E-Mail: _____

E-Mail: _____

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

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

(complete below)

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

Do you rent? OR own? Address needed if you RENT _____

Do you live with someone else? Yes NO

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

NEW CLIENTS NEED a copy of the prior tax return & copies of all W2s/1099 for year being completed

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

Any foreign bank accounts Yes -No 2. Any Virtual Currency/Assets Yes -No 3. 1099-INT Yes -No

Refer a friend information for our rewards

How did you hear about us? INTERNET FB YELLOW PAGES BILLBOARD OR WERE YOU REFERRED BY A FRIEND

PLEASE TELL US THEIR NAME _____