



Griffin Accounting®

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

Date ____/____/2024

DROP # _____

OFFICE USE: LICENSE SCANNED *Both if MFJ*

SOCIAL SECURITY CARD SCANNED
for NEW CHILDREN and NEW CLIENTS

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

Taxpayer: *If married filing separately BOTH incomes NEEDED

Date of Birth: _____

Name: _____

Address: _____

Social Security # _____

Phone# (____) - ____ - ____

E-Mail: _____

Spouse:

Date of Birth: _____

Name: _____

Address: (if different) _____

Social Security # _____

Phone#(____)- ____ - ____

E-Mail: _____

PLEASE CHECK if you want your return mailed back ____ \$12 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 #	Birthdate Month/date/year	College Yes/No	Child Care Yes/No	Medical Coverage Yes/No
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Do you ☐ *rent? OR ☐ own?

* Landlord's information needed if you RENT

Name _____ Address _____

Do you live with someone else? ☐ Yes ☐ NO

Medical Coverage: ☐ Yes (all year) ☐ NO ☐ 1095-A, Copy REQUIRED by IRS

NEW DROP CLIENTS NEED: Copy of last year tax return and ALL W-2/1099 for the year(s) to be completed

Choose type of refund: ☐ Mailed Check OR ☐ Direct Deposit Name of Bank _____

Account Number _____

Routing Number _____

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

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

If NO bank statement, then year to date interest needed

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 _____