

DROP OFF FORM

PLEASE FILL OUT EACH LINE IF YOUR INFORMATION HAS NOT CHANGED SINCE LAST YEAR
PLEASE FILL IT OUT TO MAKE SURE WE HAVE THE CORRECT INFORMATION. IF IT DOES NOT
APPLY TO YOU PLEASE PUT N/A ON THAT LINE.

DATE DROPPED OFF/SENT IN _____

NEW CLIENT YES OR NO (PLEASE CIRCLE ONE)

NAME _____

SPOUSES NAME _____

CURRENT ADDRESS _____

CELL PHONE AND ALTERNATE _____

VALID EMAIL _____

SOCIAL SECURITY NUMBER _____

SPOUSES SOCIAL SECURITY NUMBER _____

DATE OF BIRTH _____

SPOUSES DATE OF BIRTH _____

DEPENDENTS BEING CLAIMED ON RETURN (PLEASE INCLUDE DATES OF BIRTH AND SOCIAL SECURITY NUMBERS FOR ALL DEPENDENTS)

1. _____

2. _____

3. _____

4. _____

PROOF OF RESIDENCY MUST BE PROVIDED FOR ANY DEPENDENT ON YOUR RETURN. WE MUST HAVE SOMETHING IN OUR FILE THAT HAS THE DEPENDENTS NAME AND YOUR ADDRESS ON IT.

DIRECT DEPOSIT INFORMATION

NAME OF THE BANK _____

ROUTING NUMBER _____

ACCOUNT NUMBER _____

IS THIS ACCOUNT A CHECKING OR SAVINGS ACCOUNT? _____

INSURANCE INFORMATION

DID YOU HAVE INSURANCE COVERAGE FOR THE CURRENT TAX YEAR FOR YOURSELF, SPOUSE, AND ALL DEPENDENTS? IF YES WAS THIS COVERAGE THROUGH YOUR EMPLOYER?

PLEASE MAKE SURE AND INCLUDE WITH YOUR PACKET ALL COPIES OF EITHER 1095B AND/OR 1095C.

WAS HEALTHCARE FOR YOURSELF, SPOUSE OR ANY DEPENDENT AT ANYTIME THROUGH THE YEAR WITH HEALTHCARE.GOV? IF YES PLEASE ATTACH THE 1095A YOU WOULD HAVE RECEIVED FROM MARKETPLACE INSURANCE, OBAMACARE OR AFFORDABLE HEALTHCARE.

DRIVERS LICENSE

WE WILL NEED UPDATED COPIES OF YOUR DRIVERS LICENSE AS WELL AS YOUR SPOUSE. IF YOU OR YOUR SPOUSE DO NOT HAVE A DRIVERS LICENSE PLEASE ATTACH SOME TYPE OF STATE ISSUED PHOTO ID, MILITARY ID, U.S. PASSPORT, RESIDENT ALIEN ID ECT.