

DROP-OFF

Preferred Contact:

Contact Person

Taxpayer: _____

Spouse: _____

Address: _____

City: _____ State: ___ Zip _____

Preferred Contact Method

Call Text Email

Phone: _____ Email: _____

Any new Dependents? Yes No

Did you get married? Yes No

Did you move? Yes No

Anything new your tax pro should know: _____

Signature: _____ Date: _____