Griffin Accounting®

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

Date _____/_____/ 20____

DROP #_____

OFFICE USE	License	Social Security Card
	☐ BOTH if MFJ	☐ for **NEW** children

☐ Married ☐ Single ☐ Married, filing separate ☐ Widowed (*in last 2 yrs*) w/dependents ☐ Head of Household

REQUIRED Spouses information

Taxpayer:

Social Security #: _____

Name: _____

Date of Birth: _____

Phone:_____

Email:_____

Address : _____

_____

Spouse:

Social Security #: _____

Name: _____

Date of Birth: _____

Phone:_____

Email:_____

Address:(*if different*) _____

_____

Can anyone else claim you as a dependant? ☐ *NO* ☐ *YES (if **YES** WHO claims you)* _____

Do you have any dependents to claim on your return?

☐ ***Yes (*complete below*)** No ☐ **I do not know** if they qualify as a dependent ☐

Dependants

Name (as it appears on SS Card)	Social Security #	Date of Birth	College Yes/No	Childcare Yes/No

List anyone else in household_____

PLEASE NOTE: FORM 1095-A is the Health Insurance Marketplace Statement: IT IS REQUIRED BY THE IRS
Even if you only had it for *only one day*, the IRS will not process the return without the statement.

IP-PIN clients need to bring in their new # issued every year *(mailed in December)*

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

OBBBA needs last paystubs for each job to calculate OVERTIME earned for each job

For Direct Deposit Name of Bank_____

Account Number_____

Routing Number _____

The IRS no longer mails checks

Housing: (check ALL that apply)Do you own? ☐ **Rent** ☐ ***Landlords information needed if you rent**

☐ **PAID PROPERTY TAXES** ☐ **Refinance** (closing document) ***Name**_____ ***Address** _____

☐ **Purchased a New Home** (closing documents) _____

IRS QUESTIONS: 1.Any foreign bank accounts ☐ **yes** ☐ **No** **2. Any virtual currency** **yes** ☐ **No** ☐

If you are a **NEW CLIENT,** how did you hear about us?

Referred by a friend? (Please tell us their name) _____

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