

DUE TO NEW TAX LAWS/CHANGES, FEES MAY INCREASE FOR PREPARING TAXES THIS YEAR

PAYMENT IS EXPECTED WHEN YOUR TAXES ARE COMPLETED

Drop off Date: _____

New or Returning? (circle)

Name _____ **Phone number** _____

S.S # _____ DOB _____

Driver's License # _____ State _____ Issue Date _____ Exp. Date _____

Home Address: _____

Email Address: _____

Spouse Name _____ S.S. # _____ DOB _____

Driver's License # _____ State _____ Issue Date _____ Exp. Date _____

Dependents - Children and Others. If you are a returning customer, we have prior year dependent info on file.

NAME (First and Last)	RELATIONSHIP	DOB	SS #	MONTHS LIVED WITH	DISABLED	FULL TIME STUDENT

Bank Account Number _____ Routing Number _____

Name of the bank: _____ Checking _____ Savings _____

Health Insurance through the Marketplace? If so, Form 1095-A MUST be provided.

Did you make \$300 or more in CASH donations in 2020 (\$600 if MFJ)? Yes ___ No ___

Did you receive your FIRST stimulus check? Amount received _____

Did you receive your SECOND stimulus check? Amount received _____

PPP Loan/EIDL/Other COVID-19 Loans or Grants received? Please provide info.

ADDITIONAL INFORMATION:

Signature: _____

By signing this form I acknowledge that any and all information that I am providing in order to prepare my tax returns is accurate and complete to the best of my knowledge. In case of an audit, I am able to provide appropriate receipts, ledgers, documents, or other proof to support the items being claimed on this year's returns and realize that it is my responsibility to do so.