

**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)

Taxpayer Name \_\_\_\_\_ Phone number \_\_\_\_\_

Spouse Name \_\_\_\_\_ Phone number \_\_\_\_\_

Taxpayer Email: \_\_\_\_\_ Spouse Email: \_\_\_\_\_

Who should we contact with questions/when return is completed? Taxpayer OR Spouse (Circle)

Taxpayer SSN \_\_\_\_\_ Taxpayer DOB \_\_\_\_\_

Spouse SSN \_\_\_\_\_ Spouse DOB \_\_\_\_\_

Home Address: \_\_\_\_\_

Taxpayer Driver's License # \_\_\_\_\_ State \_\_\_\_\_ Issue Date \_\_\_\_\_ Exp. Date \_\_\_\_\_

Spouse Driver's License # \_\_\_\_\_ State \_\_\_\_\_ Issue Date \_\_\_\_\_ Exp. Date \_\_\_\_\_

Dependents: Children/Others - **If returning customer, we have on file from previous year**						
NAME (First and Last)	RELATIONSHIP	DOB	SSN	MONTHS LIVED WITH	DISABLED	FULL TIME STUDENT

Bank Routing Number \_\_\_\_\_ Bank Account Number \_\_\_\_\_

Name of bank \_\_\_\_\_ Checking \_\_\_\_\_ Savings \_\_\_\_\_

Health Insurance through the Marketplace (Obamacare or Pennie)? If so, Form 1095-A MUST BE PROVIDED.

At any time during 2023 did you receive or sell, exchange, or otherwise dispose of a digital asset (cryptocurrency)? YES \_\_\_\_\_ NO \_\_\_\_\_

Do you (or your spouse) have an Identity Protection (IP) PIN? If so please provide.

**ADDITIONAL INFORMATION:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_

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