Preparer:

## **2024 TAX YEAR RETURNING CLIENT**

## **PLEASE PRINT**

Taxpayer:	Spouse:
Phone:	Phone:
Email:	Email:
Address:	

Has your address changed? \_\_\_\_\_

Has your marital status changed? \_\_\_\_\_

Did you or your spouse become disabled or blind?\_\_\_\_\_

Did your occupation change? \_\_\_\_\_

Do you have any new dependents? \_\_\_\_\_

NEW Childs Name	Birthdate	SS#

Do you have any children who <u>Graduated high school/college, moved out, got married, worked full</u> <u>time, etc.</u>, that no longer qualify to be your dependent for 2024?

NAME OF FINANCIAL INSTITUTION	ROUTING NUMBER	ACCOUNT NUMBER	Checking or Savings?

Did your Direct Deposit banking information change?

TAXPAYER ID STATE:	SPOUSE ID STATE:
ID #:	ID#:
ISSUE DATE:	ISSUE DATE:
EXPIRATION DATE:	EXPIRATION DATE:
DRIVERS LICENSE OR STATE ID? (Circle one)	DRIVERS LICENSE OR STATE ID? (Circle one)

Any additional information or questions for your preparer? (Use back if needed)