

FOR OFFICE USE ONLY

Date:

Preparer:

Taken by:

2021 RETURNING CLIENT DROP OFF INFORMATION

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? _____

Childs Name	Birthdate	SS#

Do you have any children who no longer qualify to be your dependent?

Did your Direct Deposit banking information change? _____

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

Any additional information or questions for your preparer?