

**FOR OFFICE USE ONLY**

Date:

Preparer:

Taken by:

## **2022 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?**