FOR OFFICE USE ONLY Date:	Preparer:		Taken by:		
	23 TAX YEAR R	RETURNIN	IG CLIENT		
	DI FAQ	E PRINT			
	PLLASI	<u>L FMINI</u>			
Taxpayer:	Spouse:				
Phone:		Phone:			
Email: Ema					
Address:					
las your address changed?					
las your marital status changed?			<del></del>		
Did you or your spouse become disabled	or blind?		<del></del>		
Did your occupation change?					
Do you have any new dependents?					
<i>NEW</i> Childs Name	Birt	Birthdate		SS#	
Do you have any children who time, etc., that no longer quali	fy to be your depend	lent for 202			
NAME OF FINANCIAL INSTITUTION		ROUTING Number		Checking or Savings?	
Did your Direct Deposit bankii	ng information chan	ge: <sup>9</sup>			
TAXPAYER ID STATE:		SPOUSE ID STATE:			
ID #:		ID#:			
ISSUE DATE:		ISSUE DATE:			
EXPIRATION DATE:		1			

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

DRIVERS LICENSE OR STATE ID? (Circle one)

DRIVERS LICENSE OR STATE ID? (Circle one)