

Tax Year: _____
Date: _____

Tax Preparation Drop-Off Form

Welcome Back! We ask that you please take a few minutes to fill out the information below and make any changes that are necessary.

Tax Client Contact Information		
Name: _____		
Address: _____		
City _____	State _____	Zip _____
Home Phone: _____		
Cell Phone: _____		
Email Address: _____		

- Have you had any changes in your marital status? Yes No
If so, please explain: _____

- Have there been any changes to the number of dependents appearing on your tax return? Yes No
If so, please explain: _____
 ▪ Name _____ Date of Birth _____ Soc. Sec. # _____
 ▪ Name _____ Date of Birth _____ Soc. Sec. # _____

- Please list any other questions or changes that you might have:

Internal Use Only:		
<input type="checkbox"/> Privacy Policy	<input type="checkbox"/> Client Service Agreement	<input type="checkbox"/> Voided Check (for direct deposit)