

Date dropped off_____

Copies of Drivers Licenses attached	Y	N
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Receive return via portal (E-Delivery) Y N

Real Estate Taxes Paid in 2023 on personal residence \$_____

YOUR NAME NEEDS TO MATCH WHAT IS ON YOUR SECURITY CARD	
TAXPAYER	SPOUSE

Name _____

Name _____

SS# _____ DOB _____

SS# _____ DOB _____

Occupation_____

Occupation_____

Phone # _____

Phone # _____

Email: _____

Email: _____

Preferred Contact Method? Circle One: **Text**

Email	Phone-Call
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Present Address _____

What School District Did You Live In? 1st _____
2nd _____

Months In 2023? Start	End
Months In 2023? Start	End

Did You Live In The City Limits? 1st _____
2nd _____

Months In 2023? Start	End
Months In 2023? Start	End

Filing Status? Circle One **Single** **Married filing Joint** **Married filing Separate** **Head of Household**

Can anyone claim you or your spouse as a Dependent? YES_____ NO_____

Dependents that you are claiming for 2023. Do not list Yourself or Spouse	Birthdate	Social Security #	# months they lived with you	Relationship	disabled? y / n	high school student? y / n	***** college student? y / n
					y / n	y / n	y / n
					y / n	y / n	y / n
					y / n	y / n	y / n
					y / n	y / n	y / n
					y / n	y / n	y / n

***** If a college student in 2023, please include all Form 1098-T's (usually issued in your child's name & can be obtained thru Students College Portal).

Will any of the dependents above file their own tax return? Y or N List names _____

Did you incur any qualified child care expenses in 2023 YES _____ NO _____ Amount \$ _____ Attach care provider statement !!!!!

Did you or do you plan on contributing to an IRA, SEP, KEOGH OR SIMPLE PLAN for tax year 2023? Y or N

In 2023, did you receive, sell, send, exchange or otherwise acquire any financial interest in a **Virtual (Crypto) Currency**? Y or N

In 2023, did you have a financial interest in or signature authority over a financial account in a Foreign Country? Y or N

If you have Health Insurance coverage in 2023 thru the Health Care Exchange, You must provide Form 1095A:

		<u>QTR</u>	Federal	State	Local
If you pay quarterly estimated taxes, did you pay all of the estimates that we sent you? Y or N	LIST AMTS	1st	_____	_____	_____
		2nd	_____	_____	_____
		3rd	_____	_____	_____
		4th	_____	_____	_____

Please provide a Voided Check or Verification of your bank account if you would like your Refund Direct Deposited.

Name of Your Bank	Account #	Checking	Savings
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Routing Number _____

Client Signature: _____ Date _____