

New Customer Drop Off

Date: _____ Preparer: _____

Filing Status

Single	Married	Head of Household	Widow	Married Filing Separate
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Taxpayer:

Name:	Birthdate:
SSN:	Phone:
Email:	

Spouse:

Name:	Birthdate:
SSN:	Phone:
Email:	

Address: _____

Do you **rent** or **own**? _____ If rent, how much do you pay **annually**? _____

If you own, did you include mortgage interest and property taxes? **Yes** **No**

Bank: Do you normally get a refund? **Yes** **No**

Bank Name: _____

Routing #: _____

Account #: _____ checking or savings?

Dependents:

Name	SSN	DOB
Name	SSN	DOB
Name	SSN	DOB
Name	SSN	DOB

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|---|-----|----|
| Did you collect state unemployment ? | Yes | No |
| Did you buy or sell a home in 2023? | Yes | No |
| Did you buy or sell any virtual currency ? | Yes | No |
| Did you take any distributions from an HSA ? (Health Savings Acct) | Yes | No |
| Did you pay any Daycare/Private School/529/College Tuition ? | Yes | No |
| Did you have Health Insurance through Marketplace ? | Yes | No |
| Do you own any rental properties or small businesses ? | Yes | No |
| Did you take any money out of an IRA, 401K, retirement fund ? | Yes | No |

Notes: _____

