



Returning Clients

Current Taxpayer Phone _____ - _____ - _____ Current Spouse Phone _____ - _____ - _____

Current Taxpayer Email _____ @ _____ . _____

Current Spouse Email _____ @ _____ . _____

Did you get married? ___ Yes ___ No If so, list spouse below:

Spouse Name: _____ SSN: _____ - _____ - _____

DOB: ___/___/___

Did your dependents change? ___ Yes ___ No If so, please list below:

Name: _____ SSN: _____ - _____ - _____

DOB: ___/___/___

Name: _____ SSN: _____ - _____ - _____

DOB: ___/___/___

Current Mailing Address: _____

City: _____ State: _____,

Zip: _____

Current Bank Name: _____

Account #: _____ Routing #: _____

By signing you certify that all information provided is complete, true, and correct:

_____ Date: ___/___/___