

Returning Client - Tax Year 2022

Hey, we get it. You hate this form. BUT this information helps us fill in your tax forms more quickly, ensures that we have the most up to date information, and allows us to help monitor your overall tax health. So please, fill it out and return with your tax documents.

Date: _____

Taxpayer: _____

Spouse: _____

Do you have any new dependents you will claim for this tax year? Circle one (yes) (no)

Dependent 1: _____ SSN: _____ DOB: _____

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Address (if different from last year's tax return) _____

Filing Status, check one

[] Single [] Married Filing Separately [] Married Filing Jointly [] Head of Household [] Qualifying widow(er) with dependent child [] Schedule C/E Circle one [yes] [no] Payments were made that require filing Form(s) 1099M

[] If YES, all required Form(s) 1099M were or will be filed Signature: _____

*Did you make any estimate payments to the IRS or MS Department of Revenue? Circle one (yes) (no) (not sure)

*Did you make any digital currency trades in crypto-currency or virtual currency? Circle one (yes) (no) (not sure)

CONTACT NUMBER, the best number you can be reached at. How do you prefer to be contacted? Circle (text) (email) (call)

*Home/Work: _____

*CELL: _____ Text alerts: Circle one (yes) (no)

*Contact person for tax return: _____

*TAXPAYER EMAIL: _____ (this is where your tax return will be delivered for review)

*SPOUSE EMAIL: _____ (this is where your tax return will be delivered for review)

*How would you like to close your tax return?

Check one [] Esignature:need email for taxpayer/spouse [] In person [] Send you a secure link to your return

Have you undergone any extraordinary life change, financial change, or change in residence? If yes, please explain:

Have you changed bank accounts since your last tax return? Circle one [yes] [no] If yes, please provide us with a copy of a check or membership card.

Do you have ownership, or beneficiary in any of the following: Circle if applies

(Sole Proprietorship), (C Corporation), (S Corporation), (Partnership), (Trust), (Other)

Do you and your family have healthcare insurance? Circle one (yes) (no) (exchange)

Do you have a Will? Circle one (yes) (no)

Do you have a Trust? Circle one (yes) (no)

Do you have a Durable Financial Power of Attorney? Circle one (yes) (no)

Do you currently have investments? Circle one (yes) (no)

Do you have currently a retirement plan? Circle one (yes) (no)

Do you have life insurance? Circle one (yes) (no)

Are you receiving our monthly newsletter? Circle one (Add me) (yes) (no)

As a small business, we thrive on word of mouth. Please like us on facebook, leave us a review on google, or even refer a friend to us for a discount.