FAILURE TO FULLY COMPLETE THIS FORM WILL RESULT IN A $25 CHARGE ON FINAL INVOICE

CLIENT DATA TAX UPDATE FORM

REQUIRED FOR ALL DROP OFF, MAIL IN, FAX, OR EMAILED SUBMISSIONS

Today's Date: ____________ **Do you want to schedule an appointment?** No

Name: ______________________ **Occupation** ______________________________

Do you (or your spouse) have a business? No Name of business: _________________

Do you have a Personal Identification Number (PIN)?: No If yes, please provide documentation in your submission. Please do NOT write the number down on this form.

Cell Phone Number: _________________ **Email Address:** _____________________________________

Preferred Method of Contact: **Email** ☐ **Phone** ☐ **Text** ☐

<u>If Applicable, Spouse's Information</u>:

Name: ______________________ **Occupation** ______________________________

Cell Phone Number: ___________________ **Email Address:** ___________________________________

Preferred Method of Contact: **Email** ☐ **Phone** ☐ **Text** ☐

Bank Info for Direct Deposit*: If Same as Prior Year, Please Put Last 4 of Acct Number*

Checking **Name of Bank:** __________________________________

Routing #: ________________ **Account # *(<u>NOT</u> from Deposit slip)*:** _______________________

1. Has there been any change in dependents – any new kids, grandkids move in, older kids that have gotten married, parents you support, etc.? ____
2. Did you sell/acquire/exchange virtual currency (ex. Bitcoin)? ___________________________________
3. Do you consent to receive text messages?: Yes
4. How would you like to receive your copy of your tax return?: Intuit Link
5. How would you like to sign your signature forms?: DocuSign

Note: We will not e-file any returns without your signed authorization forms on file.

6. If submitting paper documents, how would you like them returned?: Pick Up

Taxpayer Driver's License Information (Or provide copy of license): <u>DO NOT LEAVE BLANK</u>

State of Issue: __________ **License Number:**____________________________
Issue Date: ____________ **Expiration Date:** __________

Spouse (If Applicable) Driver's License Information (Or provide copy of license):

State of Issue: __________ **License Number:**____________________________
Issue Date: ____________ **Expiration Date:** __________

Please provide any additional information you have on the back (if submitting in person) or in your email.

May we call to schedule a complimentary appointment to discuss financial planning, including retirement, college for kids, estate planning, taxes, and investments? No