

2022 RETURNING CLIENT WORKSHEET

*** PLEASE FILL OUT BOTH SIDES OF THIS FORM IN ADVANCE TO ENSURE WE HAVE THE CORRECT INFORMATION. INCLUDE WITH DOCUMENTS, DO NOT MAIL IN SEPARATELY***

Taxpayer's Info

Spouse's Info

Name		
Date of Death (if applicable)		
Occupation (if changed)		
Phone Number		

***If newly married (2022 or 2023), please include spouse's birthday and SSN**

Driver's License or Other State Issued ID Information:

Number		
State Issued		
Issue Date (iss)		
Expiration Date (exp)		

Do you live inside the limits of a city that has a local tax? Yes No

Did you move in 2022? Yes No If yes: Date of Move _____

New Address _____

Dependent(s) Information (if applicable; list additional dependents on a separate page if necessary):

<u>Name</u>	<u>Relationship*</u>	<u>Full Time College Student</u>	<i>(Only need if born in 2022)</i>	
			<u>DOB</u>	<u>SSN</u>
		<input type="checkbox"/>		
		<input type="checkbox"/>		
		<input type="checkbox"/>		

***If child, please indicate Daughter (D) or Son (S)**

****Please include any children born in 2022; Please only include the dependents you choose to claim**

