2022 RETURNING CLIENT WORKSHEET

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

	<u>T:</u>	axpayer's Info	Spouse's Info
Name			
Date of Death (if ap	oplicable)		
Occupation (if chan	ged)		
Phone Number			
*If newly married (2	022 or 2023), please incl	ude spouse's birthday and S	SN
Driver's License (or Other State Issue	d ID Information:	
Number			
State Issued			
Issue Date (iss)			
Expiration Date (e	xp)		
Do you live inside	the limits of a city th	at has a local tax? Yes	□ No □
Did you move in 2 New Address	2022? Yes □ No	o □ <u>If yes:</u> Date	of Move
Dependent(s) Info	ormation (if applicable	e; list additional dependents	on a separate page if necessary):
<u>Name</u>	Relationship*	Full Time College Student	(Only need if born in 2022) <u>DOB</u> <u>SSN</u>
	<u> </u>		

^{*}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

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Refund/Balance Due: ☐ Check Mailed For Refunds: ☐ Direct Deposit OR For Balance Due: ☐ Direct Debit OR ☐ Mail in Voucher w/ Check If Direct Deposit or Direct Debit was chosen, please fill in the bank information so we can make sure we have the correct account: Routing Transit Number (9 digits) Account Number Type of account Savings Checking \square Did you purchase health insurance through The Healthcare Marketplace? Yes \square (If yes, include Form 1095-A) No □ Have you (or your spouse if applicable) had an Identity Protection PIN in the past? Yes \square (If yes, please include the PIN or letter from the IRS) Taxpayer: No \square Yes \square (If yes, please include the PIN or letter from the IRS) No □ Spouse: Has your filing status changed since last tax season? No □ Yes □ If yes, please indicate: Single \square Head of Household □ Married Filing Separate □ Married Filing Joint □ How would you like your personal copy of your tax return? ☐ Hard, paper copy (packaged like usual) ☐ Digital, PDF copy (flash drive or ShareFile) **Other Notes or Questions:** I certify that the information provided on the taxpayer worksheets is complete and accurate: Taxpayer Signature: X Spouse Signature: X