

## 2023 RETURNING CLIENT WORKSHEET

\* PLEASE FILL OUT **BOTH SIDES** OF THIS FORM TO ENSURE WE HAVE THE CORRECT INFORMATION. INCLUDE WITH DOCUMENTS UPON DROP OFF OR APPOINTMENT, 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 (2023 or 2024), please include spouse's birthday and SSN\*

### Has your filing status changed since last tax season?

No       Yes       **If yes, please indicate:** Single       Head of Household   
 Married Filing Separate       Married Filing Joint

### Driver's License or Other State Issued ID Information:

\*If license is from a different state than previous (ex. moving from OH to PA and getting a PA license instead of OH), please update the state and license number\*

Issue Date (iss)		
Expiration Date (exp)		

Did you move in 2023? Yes       No       **If yes:** Date of Move

**New** Address

**New** School District       **New** Municipality

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

<u>Name</u>	<u>Relationship*</u>	Full Time <u>College Student</u>	<small>(Only need DOB/SSN if born in 2023 or not claimed previously)</small>	<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 only include the dependents you choose to claim

### Have you (and/or spouse, and/or dependent, if applicable) had an Identity Protection PIN in the past?

Taxpayer:      Yes  (If yes, please include the PIN or letter from the IRS)      No   
 Spouse:      Yes  (If yes, please include the PIN or letter from the IRS)      No   
 Dependent:      If yes, please provide **name of dependent** and the PIN or letter from the IRS

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### Refund/Balance Due:

For Refunds:  Direct Deposit OR  Check Mailed

For Balance Due:  Direct Debit OR  Mail in Voucher w/ Check

If Direct Deposit or Direct Debit was chosen and your bank account is the same as the one used last year, **please confirm the last four digits of your Account Number:** \_\_\_\_\_

If Direct Deposit or Direct Debit was chosen and your bank account has **CHANGED** from the one used last year, **please provide the updated information:**

**NEW** Routing Number (9 digits) \_\_\_\_\_

**NEW** Account Number \_\_\_\_\_

Type of account Savings  Checking

### **Did you purchase health insurance through The Marketplace (Pennie)?**

Yes  (If yes, include Form 1095-A) No

**Did you make estimated payments? If yes, please include the cover sheet provided last year OR indicate the amounts per quarter below. If you made State payments, please indicate the State:**

Fed: Q1 \_\_\_\_\_ Q2 \_\_\_\_\_ Q3 \_\_\_\_\_ Q4 \_\_\_\_\_ State \_\_\_\_: Q1 \_\_\_\_\_ Q2 \_\_\_\_\_ Q3 \_\_\_\_\_ Q4 \_\_\_\_\_

### **Would you like to make estimated payments this year (towards Tax Year 2024)?**

Yes, Fed  State \_\_\_\_\_  No  Not Sure, please advise

### **How would you like your personal copy of your tax return?**

Paper copy  Flashdrive (digital pdf)  Share File (digital link, please provide email \_\_\_\_\_)

**Please indicate any significant life event changes in 2023 that may affect you tax situations; as well as any notes or questions you have:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I certify that the information provided on the taxpayer worksheets is complete and accurate: 2

Taxpayer Signature: X \_\_\_\_\_ Spouse Signature: X \_\_\_\_\_