

NEW CLIENT INFORMATION/UPDATE/DROP-OFF SHEET

TAXPAYER

SPOUSE

Full Name: _____

SS# _____

Date of Birth: _____

Home Address: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

(Please check which phone number is the best to reach you during reg. business hours)

E-mail Address: _____ Other email: _____

(Please mark which e-mail we can send notices and newsletters to)

Do you want to have refund, if any, directly deposited at no fee? (Yes) (No)

Bank: _____ Routing# _____ Account# _____

Do you want to E-file your returns (at an additional \$100 fee)? (Yes) (No)

Desired Completion Date: _____ Mail _____ Pickup _____ Email as pdf file & you mail _____

(If you choose to have it mailed, we charge between \$5-15 depending on the size and weight)

Did you purchase, trade, or sell virtual currency? Yes _____ or No _____

I have health insurance thru the marketplace (Obamacare) Yes _____ or No _____

If yes, I have attached/included the 1095A for the completion of my taxes. Yes _____ or No _____

If no, I can't finish your taxes.

Do you have a HSA (Health Savings Account)? _____ Yes _____ No If Yes, attach your 1099SA.

I understand that my desired pickup date will be the targeted completion time and when the return is completed and ready for pickup, the office will call/e-mail me and let me know of its completion. Please do not call the office before that desired date.

I certify that I have reviewed and have completed the Required Checklist for completion of my tax return and that it is complete.

Burchett Financial Service Agent

Client

Dropped off and signed on: _____
Date

Log # _____

NEW CLIENTS ONLY

How did you find out about us? _____

Dependent Information: *if additional space needed put on back

Full Name _____ **SS#** _____ **Date of Birth** _____

_____ M/F