## <u>Individual Tax Worksheet - Returning Client</u>



## **Client Information**

Taxpayer Name:		Spo	ouse Name:			
Phone Number:	Di	Did you move this year? Y N Date moved:				
Current Address:		City & State:				
Taxpayer Email:		Spouse Email:				
Other Required Information						
Did you exchange digital asset	s (i.e. Bitcoin) Y	N E	o you have fur	nds in a foreign b	ank account	? Y N
Is your bank account the same	as last year? Y	N (	if your bank acc	ct has changed c	omplete belo	ow)
Bank:I	Routing #:		Account #:_		Checking	Savings
Did you pay all FEDERAL estim	ates? Y N		Did you pa	ay all STATE estin	nates? Y	N
Dependent Information Ch	anges: (MUST	inclu	de copy of soc	ial security ca	rd for <u>new</u> d	lependents.)
NEW Dependent - Name:		_Rel: _	DOB:	SSN:	·	
Not claiming as dependent t	his year - Name:			Who is claiming the	m? Self O	ther parent
Do you have custody of the c	ependents you are	claim	ing? Y N (e	explain below if	necessary)	
Children in school Expendi	tures: K-12 Tuitio	n, Boo	ks, Extracurric	ulars: \$		
College Education Expenses	: Y N					
Educator expense: \$	(up to \$500	for K-1	2 public schoo	ol teachers only	)	
Preferences	Pick up location	า:				
Tax Return Copy: Paper	Electronic	(	Signature:	In Person	Electron	ic