

Appointment

Existing Client Information Sheet

Dropoff

TAXPAYER/SPOUSE INFORMATION:

FULL NAME: _____

Phone () _____ Email: _____

SPOUSE FULL NAME: _____

Phone () _____ Email: _____

How would you like to sign for your return?

Pick Up Docusign

Did you pay estimated taxes? If so, how much each quarter?

Federal _____

State _____

Please provide your IPIN : _____

Do you own any digital assets? Yes No **If Yes, please supply documentation.**
Do you have Marketplace Insurance? (1095A) Yes No
Has your address changed? Yes No

If Yes:

Street Address: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

Do you have any new dependents? Yes No

If yes, please list below:

	Name (as shown on SS card)	Date of Birth	Social Security #	Relationship
Dependent				
Dependent				
Dependent				

Would you like direct deposit of a refund? Yes No

Would you like automatic withdrawal of taxes due? Yes No

Is your bank account info the same as last year? Yes No

If no, please fill out below:

Bank Name: _____ Checking Savings

Routing Number: _____ **Account Number:** _____

Would you like to go on extension for your taxes this year? Yes No

***THIS DOES NOT EXTEND THE TIME TO MAKE YOUR PAYMENT TO IRS OR STATE IF THERE IS ONE DUE**

Driver's License Attached **Number of documents** _____

ALL INFORMATION I HAVE GIVEN IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I AUTHORIZE MAURIELLO ENTERPRISES, INC. TO PREPARE MY TAX RETURN WITH THE INFORMATION I'VE PROVIDED. I UNDERSTAND AND AGREE TO PAY FOR THE SERVICE OF PREPARING MY TAX RETURN, EVEN IF I CHOSE NOT TO FILE IT.

SIGNATURE: _____ **DATE:** _____