

Appointment

New Client Information Sheet

Dropoff

FULL NAME: _____

Social: --- --- ---

Date of Birth: MM ___ DD ___ YR _____

Occupation: _____

SPOUSE FULL NAME: _____

Social: --- --- ---

Date of Birth: MM ___ DD ___ YR _____

Occupation: _____

How would you like to sign for your return?

Pick Up

Docusign

STREET ADDRESS: _____

CITY _____ STATE _____ ZIP _____

Phone: () _____ Email: _____

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

Federal _____

State _____

Please provide your IPIN, if applicable: _____

Do you own any digital assets? Yes No **If Yes, please supply documentation.**

Do you have Marketplace Insurance? (1095A) Yes No

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

Would you like to have Direct Deposit? Yes No

Would you like to have Automatic Debit for taxes due? Yes No

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:** _____

Who may we thank for referring you to us? _____