

Please fill out ALL sections. Thank you.

Name: _____

Occupation (as you would like it listed) _____

Date of drop-off/email: _____

Phone: _____

Is this a cell that I can text? YES NO

Email: _____

New address? _____

Did you buy a new house? _____

Did you have health insurance for the whole year? YES NO/Part Yr

If partial year, what months? _____

****Please provide a 1095 form (A, B, or C) if you had health insurance**

Have your dependent's changed? Anyone new or need to be removed?

If new, please provide the full name, social security number, and date of birth:

Direct Deposit (please do not ask me to refer to last year. I would like to verify the numbers)

Routing Number: _____

Account Number: _____

Bank Name: _____

How would you like to receive your copy of the return? (Circle at least one)

Email Digital (pdf) Paper – by mail Paper – Office pick up

Would you like to review your return by pdf before it is e-filed? YES NO

How would you like to pay for my services?

Debit Account Listed Above Check Credit Card

Enter CC# _____ EXP _____ CODE _____

Please feel free to email northeastcpa@gmail.com to leave me any other information I may need to prepare your return, including any significant changes since last year.

Thank you, I will be in contact soon. Sue