

Date Received: Rece	eived by:		_
Client Name:		_ Client ID:	
New Client?: Yes No Referred By:			
Client Phone: ()	Email:		
Taxpayer Ohio Driver's Lic # Spouse Ohio Driver's Lic #	6.1.		
File my returns electronically:	es No		
When returns are completed: Pick	c Up Mail	Client Portal	Deliver
Client Copy preferred: Paper Requested date for special circumstance:	Client Po		÷
	_		
Does client want tax due withdrawn from bank a Does client want refund direct deposited to bank If yes to either question: Bank Name:	account?	Yes No Yes No	-
Routing #: Account	t.#:		
To the best of your knowledge, is all information f No, what is missing?		Yes	ccurately Included?
s there anything that changed during the past years ale of home, retirement, new job, changes in de		npact your tax return? Yes	No
f yes, please detail:			
Did you receive the Economic Impact Payment (Stimulus Chec	k \$1400)? Yes	No
Amount Received: \$ Did you receive Advanced Child Tax Credit Payr Amount Received: \$	ments?	Yes	No