

PRACTICAL TAXES

New Clients Drop-Off Form

Contact Information

Taxpers Name: _____ DOB: _____ SSN: _____
 Spouse Name: _____ DOB: _____ SSN: _____
 Main Phone Number: _____
 Address: _____
 E-mail Address: _____
 Best time to Call: _____ Best Contact Method: _____

Dependents

	Name	Relationship	DOB	SSN
1)	_____	_____	_____	_____
2)	_____	_____	_____	_____
3)	_____	_____	_____	_____
4)	_____	_____	_____	_____

Please make sure to provide at least your last years tax return so we may better prepare your return.

Expected Due Date of Return: _____
 (Wait times for drop-offs can be up to 1 week before our preparers are able to get to your return)

Has there been any major changes from the prior year you want to discuss with us?:

Do you want your accountant to call you when he/she receives the return? Yes No

Additional Notes or Comments: _____

For Accountant Use Only

Received By: _____ Date Received: _____
 Accountant Assigned: _____ Date Received: _____
 Accountant Started Return On: _____
 Accountant Finished On: _____
 Contact Client when Finished: _____

Date
Method
Response