



Tax Return Intake

please fill out completely

1. Name(s): _____

2. Address: _____

Town _____ State: _____ Zip: _____

3. Please provide your preferred method of contact:

Mobile Phone: _____ Home Phone: _____

Email (please print clearly): _____

Will you want to receive your completed return via - pickup mail email (please circle one)

- **Were any children born/added to your family this year who you will be claiming? If yes, please be sure to provide their social security number(s).**
- **Did you provide proof of Health Insurance in your tax documentation (form 1099HC)? If not, please provide health insurance provider and account number and months of 2022 you had this and/or any other Health insurance:**

- **Current bank information for direct deposit if different from last year or if you are a new customer: If filing a joint return, bank account must be a joint account.**

Bank name: _____ **Account type:** _____

Account number: _____ **Bank Routing Number:** _____