

PERSONAL INFORMATION

Full Name (As Shown On Social Security Card): _____

Social Security #: _____ Date of Birth: _____

 Occupation: _____ License or ID # (Please Submit Photocopy)

Full Address: _____

Phone #: _____ Hours Available: _____

 Can We Communicate With You Via Text: Yes No Email: _____
 Please Circle Preferred Mode of Communication (Phone or Email)

 Have You Moved At Any Point During The Tax Year? Yes No If Yes, Please List Previous Address(es)

Spouse Full Name (As Shown On Social Security Card): _____

Social Security #: _____ Date of Birth: _____

 Occupation: _____ License or ID # (Please Submit Photocopy)

Full Address: _____

Phone #: _____ Hours Available: _____

 Can We Communicate With You Via Text: Yes No Email: _____
 Please Circle Preferred Mode of Communication (Phone or Email)

EXEMPTIONS

Dependent Name (As Shown On Social Security Card)	Birth Date	Social Security #	Relationship to Taxpayer	Months in Home
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Child Care Provider's Name: _____ Tax ID #: _____

Full Address: _____

BUSINESS INFORMATION

Business Name: _____ Tax ID# _____

Full Address: _____

Entity Type (Check One): Sole Prop Partnership LLC S-Corp Corporation

ADDITIONAL INFORMATION

State Estimates Paid: 1st Qtr \$ _____ 2nd Qtr \$ _____ 3rd Qtr \$ _____ 4th Qtr \$ _____

Federal Estimates Paid: 1st Qtr \$ _____ 2nd Qtr \$ _____ 3rd Qtr \$ _____ 4th Qtr \$ _____

Identity Protection Pin (if one has been issued to you, your spouse, or a dependent by the IRS): # _____

Economic Impact Payment Amount: \$ _____

Transactions Involving Cryptocurrency: Yes No

DIRECT DEPOSIT INFORMATION (for tax refunds)

Financial Institution: _____ Checking Account Savings Account

Routing # _____ Account # _____

Once processed would you like your tax documents: MAILED (\$10 Fee Applies)
 PICK UP Available Saturdays 10:00 AM - 5:00 PM

I acknowledge my prepared return will not be submitted to the IRS until payment is received by Bottom Line Accounting, Inc. (initial): _____

Please Share Additional Information or Ask Questions:

