CLIENT INFORMATION VERIFICATION

TAXPAYER 1: _____
(FIRST) (LAST)

TAXPAYER 2: _____
(SPOUSE OR CO-FILER) (FIRST) (LAST)

MAILING ADDRESS: _____
(STREET) (APT NO.)

_____
(CITY) (STATE) (ZIP CODE)

E-MAIL ADDRESS: _____
(TAXPAYER 1)

_____
(TAXPAYER 2 OR ALTERNATE EMAIL)

PHONE: _____ ☐ **MOBILE** ☐ **HOME** ☐ **OFFICE**
(TAXPAYER 1)

_____ ☐ **MOBILE** ☐ **HOME** ☐ **OFFICE**
(TAXPAYER 2 OR ALTERNATE PHONE NUMBER)

WHO WOULD YOU LIKE US TO CONTACT FIRST? ☐ **TAXPAYER 1** ☐ **TAXPAYER 2**

HOW WOULD YOU LIKE TO RECEIVE A COPY OF YOUR TAX RETURN?

PHYSICAL (SELECT ONE OR NONE)**:**

☐ **OFFICE PICK-UP**

☐ **PRIORITY MAIL**

DIGITAL (SELECT ONE OR NONE)**:**

☐ **EMAIL WITH E-SIGNATURE REQUEST**

☐ **UPLOAD TO PORTAL**

NOTES TO OFFICE: USE THIS SPACE FOR ANY SPECIAL ADMINISTRATIVE CIRCUMSTANCES, SUCH AS A WINTER ADDRESS, PHYSICAL ADDRESS IF DIFFERENT FROM MAILING, CONTACT INFORMATION OF ANYONE BESIDES YOU AND YOUR SPOUSE WHO YOU AUTHORIZE TO COMMUNICATE OR SIGN ON YOUR BEHALF, DEPENDENT(S) WHO NEED TO FILE A TAX RETURN, ETC.

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