

**DUE TO NEW TAX LAWS/CHANGES, FEES HAVE INCREASED FOR PREPARING TAXES THIS YEAR**

**PAYMENT IS EXPECTED WHEN YOUR TAXES ARE COMPLETED**

Whom may we thank for referring you? \_\_\_\_\_

Drop off Date: \_\_\_\_\_

Filing Status:    Single                      Married Filing Joint                      Married Filing Separate                      Head of Household

In an effort to go "green," Davis and Associates offers electronic copies of tax returns. Please select how you would like to receive your copy.                      Paper copy                      Digital Copy

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

SSN: \_\_\_\_\_ DOB: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Email Address: \_\_\_\_\_ Occupation: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ State: \_\_\_\_\_ Issue Date: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Spouse Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

SSN: \_\_\_\_\_ DOB: \_\_\_\_\_

Email Address: \_\_\_\_\_ Occupation: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ State: \_\_\_\_\_ Issue Date: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

WHO IS THE BEST CONTACT PERSON? \_\_\_\_\_

*Claiming same dependents as prior year (Existing Clients Only)*

Dependents – Children and Others. If you are a returning customer, we have prior year dependents on file.						
Name (First and Last)	Relationship	DOB	SSN	Months lived with?	Disabled? (Y/N)	Full Time Student? (Y/N)

**\*\*If you would like your refund direct deposited, please provide the following information.\*\***

Bank Account Number: \_\_\_\_\_ Routing Number: \_\_\_\_\_

Name of bank: \_\_\_\_\_ Checking \_\_\_\_\_ Savings \_\_\_\_\_

Health Insurance through the Marketplace? If so, Form 1095-A MUST be provided.

Did you receive your **THIRD** stimulus check?    YES                      NO                      Total Amount received \_\_\_\_\_

Did you receive the Additional Child Tax Credit?    YES                      NO                      Total Amount received \_\_\_\_\_

**ADDITIONAL INFORMATION:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_

*By signing this form, I acknowledge that any and all information that I am providing in order to prepare my tax returns is accurate and complete to the best of my knowledge. In case of an audit, I am able to provide appropriate receipts, ledgers, documents, or other proof to support the items being claimed on this year's returns and realize that it is my responsibility to do so.*