

**DAVIS IS GOING GREEN! ALL TAX RETURNS WILL BE IN THE FORMAT OF DIGITAL COPIES**

PAPER COPIES AVAILABLE UPON SPECIAL REQUEST

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

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

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

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

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

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

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

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

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

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

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

PLEASE PROVIDE YOUR IRS PIN NUMBER IF APPLICABLE \_\_\_\_\_ OPT OUT OF TEXT \_\_\_\_\_

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.

**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.*