



## Returning Client Drop-Off Questionnaire

Client Name:  Date:

Phone:  Email:

### Updates Since Last Year (check Yes/No)

Name, address, phone, or email changed	Yes	No
Marital status changed	Yes	No
Dependents changed (new child, custody, no longer claiming)	Yes	No
Bank info changed for direct deposit	Yes	No
Received IRS/State notices (attach letter)	Yes	No

If any YES, provide details:

### Income Changes (check Yes/No)

New or additional W-2s	Yes	No
New 1099 contractor/gig income (1099-NEC/MISC)	Yes	No
Payment platform income (1099-K)	Yes	No
Retirement/pension/Social Security changes	Yes	No
Unemployment income (1099-G)	Yes	No
Investment/crypto activity (1099-B/exchange)	Yes	No
Rental property changes (new, sold, expenses)	Yes	No
Other income changes (explain)	Yes	No

Explain any changes (optional):

## Returning Client Drop-Off Questionnaire

---

### Deductions & Credits (check Yes/No)

Bought/sold/refinanced a home	Yes	No
Significant mortgage interest/property tax changes	Yes	No
Childcare expenses	Yes	No
Education expenses (1098-T)	Yes	No
Student loan interest (1098-E)	Yes	No
IRA/HSA contributions or distributions	Yes	No
Marketplace health insurance (1095-A)	Yes	No
Large charitable donations or major medical expenses	Yes	No

Notes / Questions:

### Direct Deposit (optional)

If your bank information changed, provide updated details:

Routing #:  Acc#

Signature:  Da

By signing, you confirm the above updates are complete and you have included all tax documents available.