

**ACCUplus Financial Services, Inc. Tax Year 2024**

**NEW CLIENTS-** Please complete this form in entirety.

**PRIOR CLIENTS-** Print Your Name and **Only Indicate Any Changes** in tax info.

Name: \_\_\_\_\_ Spouse's Name: \_\_\_\_\_

SS # \_\_\_\_\_ Spouse SS# \_\_\_\_\_

Occupation: \_\_\_\_\_ Spouse's Occupation: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Spouse Date of Birth: \_\_\_\_\_

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

Cell #: \_\_\_\_\_ Spouse Cell #: \_\_\_\_\_

E-mail: \_\_\_\_\_ Spouse E-mail: \_\_\_\_\_

Preferred contact person/method: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

Any changes in filing status? \_\_\_\_\_ Any new dependents? (Name, Date of Birth, SS#) \_\_\_\_\_

Do you own or rent a home? \_\_\_\_\_

Do you have an IRS issued Identity Protection ID #? (If so, we need PIN) \_\_\_\_\_

Any cash/check charitable contributions? \_\_\_\_\_ Any non-cash donations? \_\_\_\_\_

Did you receive any Unemployment / PFML? Yes \_\_\_\_\_ No \_\_\_\_\_

Any energy credits? If yes, describe and amount spent. \_\_\_\_\_

Did you have health insurance coverage all year? \_\_\_\_\_

Same direct deposit account as last year? Yes \_\_\_\_\_ No \_\_\_\_\_

*If different*, please provide updated information. \_\_\_\_\_

**For Office Use Only-**

Date Received: \_\_\_\_\_ Staff Initials \_\_\_\_\_ Drop Off / Mail / Email / Online Portal

Given to Preparer: \_\_\_\_\_ In Drop Off Box: \_\_\_\_\_ Date: \_\_\_\_\_ Staff Initials: \_\_\_\_\_