

Sikora Blehm

2022 Tax Year DROP-OFF CHECKLIST

Drop Off Date: _____

Name: _____ Spouse Name: _____

Phone Number: _____ Spouse Phone Number: _____

Email: _____ Spouse Email: _____

Preferred Contact Method: Text ___ Call ___ Email ___

Preferred Tax Professional: First Available ___ Specific Professional: _____

When would you like for your tax return to be ready? ASAP ___ Within 1 week ___ No rush ___

Tax Return Pick Up & Sign Method: Online ___ In-Office: Receptionist ___ Appointment ___

***Amount received for the Advance Child Tax Credit Payments (total): _____

***Amount of cash/check/credit donations to church or charity during 2022: _____

CLIENT INFORMATION

Previous clients: Any changes from last year? Y ___ N ___ (if yes, please enter them below)

Physical Address: _____ Date Moved: _____

City, State, Zip: _____

Marital Status: Single ___ Married ___ Widowed ___

Date of Birth: _____ Spouse Date of Birth: _____

SSN# or ITIN: _____ Spouse SSN# or ITIN: _____

Can you be claimed as a dependent by someone else? Y ___ N ___

DEPENDENTS* (or person living in your household that you are eligible to claim)

Name	Relationship	Date of Birth	SSN# or ITIN	# of Months Lived With You	Full-Time Student?

* If any dependents listed did not live at the primary taxpayer's address the entire year, please discuss this with your tax professional. This is critical to help us help you accurately report your residency and dependency to the taxing authorities.

Refund Method Preferred: Check mailed to home ___ Direct Deposit ___

If Direct Deposit selected, enter current account information:

Routing Number: _____ Account Number: _____ Checking ___ Savings ___

