NOT FILLING OUT THIS FORM IN ITS ENTIRETY COULD DELAY THE PREPARATION OF YOUR RETURN.

**We will need physical copies of all froms with tax withholdings.**

| | First & Last Name | SSN | Date of Birth | Phone Number | Email Address |
|---|---|---|---|---|---|
| Taxpayer | | | | | |
| Spouse | | | | | |

Street Address, City, State & Zip:

Did you live in the same county as above all of 2023? □ Yes □ No

Additional Contact Number:

Would either the taxpayer or spouse like $3 to go to the presidential election fund? Mark if yes
□ Taxpayer □ Spouse

Mark here if the taxpayer or spouse had any interest in or authority over a foreign account or trust? □

Legal Marital Status as of December 31
- □ Single
- □ Married and filing joint
- □ Married filing separate & lived with spouse
- □ Married filing separate & did not with spouse during the year
- □ Widow(er) Date of Spouse's Death: ________

Mark here if at any time during the year the taxpayer/spouse received, sold, exchanged, or otherwise disposed of any financial interest in virtual currencies? □

If you rented your home how much did you pay per month in base rent $________ and for how many months ______. We also need the landlords name and address ____________________________________________________________.

If property taxes, paid amount (not including interest and penalties) $__________.

*****Verify your direct deposit information with your bank regardless if it worked previously! Many banks have made changes where your previous year's numbers will NOT work. This WILL delay your refund.*****

Does the social security card for the Taxpayer, Spouse, or Dependent(s) have ANYTHING additional printed beyond the person's name, SSN, and signature line printed on the front? If yes, we need to see it. (Including, but not limited to "VALID FOR WORK ONLY" or "NOT VALID FOR EMPLOYMENT")

Dependents to be claimed (Please note any changes to custodial status of each child):

| First & Last Name | SSN not needed if claimed here last year | Legal Relationship please indicate if adopted | Date of Birth | # of Months in Home for | If over 18, Full-Time Student or Disable? | ALL school, medical, & social service records show them living with you for the months indicated? |
|---|---|---|---|---|---|---|
| | | | | | | □ Yes □ No □ Unknown |
| | | | | | | □ Yes □ No □ Unknown |
| | | | | | | □ Yes □ No □ Unknown |
| | | | | | | □ Yes □ No □ Unknown |

If more space is needed please ask for an extra page.

How many places did you work in the filing year? _____ How many retirement plans did you pull from in the filing year? _____

We will prepare your federal and state income tax returns. We will depend on you to provide the information we need to prepare complete and accurate returns. We may ask you to clarify some items but will not audit or otherwise verify the data you submit. Our fee is based on the time required at standard billing rates plus out-of-pocket expenses. Invoices are due and payable upon presentation. All Accounts not paid upon receipt are subject to interest charges to the extent permitted by state law, collection fees, and/or attorney fees.

Signed: ____________________________________________________________ Date: ___________________

Please fill out both sides.

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If anyone on this form had healthcare coverage through the Marketplace (ObamaCare), we will need the the 1095-A from the marketplace for the filing year. You can call 800-318-2596 to get assistance obtaining this.

Is all of your income accounted for and included with this documentation?
□ Yes □ No
Remember we do need the 1099s for any unemployment/retirement distributions.

Do you have any cash/check charitable contributions? □ Yes □ No
If yes, how much do you have receipts for? $___________

**PROCEDURE**

**Please have your ID ready.**
**Complete this profile sheet and questions.**

Although much of the information may remain the same as last year, it is a requirement from the IRS, and providing this data will significantly expedite the preparation of your return. Bring this filled-out form, along with your documentation (removed from envelopes), to our office. Place them in a manila envelope, conveniently located above the drop-off box inside the entry door. It's important to highlight that for same-day service, all documentation must be printed in advance. If you are unable to print your documentation let us know as you will need to do a drop off. You then need to note on this profile sheet you are uploading pages to the guest portal and indicate the # of pages you are uploading. You then submit your unprinted documentation to our guest portal (only available until March 15th). We will process returns in the order they are received.

1. **For same-day preparation** – Use kiosk to check in and place yourself on the waitlist. You'll receive 3 update text. The first immediate text is a confirmation, the second text lets you know to return to our office parking lot, and the third text comes when the preparer would like you to come into our office waiting room.
**If daily capacity is reached, we will inform you. You can choose to drop off for preparation or return another day for same-day preparation.
2. **For drop-off return** – Place the envelope in our drop-off box just inside the entry door. One of our preparers will then call to finalize your return and provide additional instructions. Note the day you drop-off and check the website to see what day we are working on.

* Our calls may intermittently appear as spam. We kindly ask you to answer to verify these calls are from our office. It's important to note that we will NEVER request your social security number in a call initiated by us. Exercise caution and refrain from providing your social security number to any caller. If you contact us, we may need your social security number to open your file; however, this request will only be made if you initiate the call.

If you have a refund would you like it direct deposited?
□Yes □No

*****Banks have changed procedures. Regardless of "working last year" check these numbers with your bank!*****

If yes, fill in the following:
Name of Bank:______________________________
Routing Number:____________________________
Account Number:____________________________
□ Checking □ Savings

□ Same As Last Year (by marking here I understand that Sexton's is not able to check if your bank has changed its process and if the account number is now considered wrong by your bank, it can not be changed after it is sent)

The following questions are optional:

If you would like a personalized electronic organizer sent to you next year with pre-filled prior-year information, kindly ensure your email on the reverse side is exceptionally clear. It will be directed to the email listed under the taxpayer's name (as opposed to the spouse).

□ Email me a personalized electronic organizer with a

If we had no contact lockers that you could scan your ID to do tax return pick up/sign would you use them? □ Yes □ No

Please fill out both sides.