



TAXPAYER INFORMATION SLIP

COMPLETE AND SUBMIT WITH TAX INFORMATION

Preparers Name: _____ **Date dropped off:** _____

RED IS FOR NEW CLIENTS ONLY!!

Taxpayer Name: _____ SSN: _____

DOB: _____

Spouse Name: _____ SSN: _____

DOB: _____

Did we file your 2020 tax return? _____ No? please provide a copy of your 2020 return.

CLIENT CONTACT INFORMATION

Address: _____ City, State & Zip: _____

Phone #: Daytime: _____ Cell: _____

Email: _____

DO YOU HAVE?

- Virtual Currency
- Foreign Accounts
- Cash Donations \$ _____

Direct Deposit:

Bank: _____

Routing: _____

Account: _____

Filing Status:

- Single
- Head of Household
- Married Filing Jointly
- Married Filing Separate
- Qualifying Widow(er)

GOVERNMENT PAYMENTS

3rd Stimulus: \$ _____

Child Tax Credit: Please include Form 6419 for recurring child tax credit. Total received: \$ _____

Affordable Health Care Act: If you obtained health insurance through an exchange, you will need a 1095A. If you had no Obamacare in 2021 no need to provide insurance forms.

Location Dropped Off: (Circle One)

- St. Peter's
- O'Fallon
- Wentzville

Dependent Information: who are you claiming on your 2021 return:

Name: _____ **SSN:** _____ **DOB:** _____

Name: _____ **SSN:** _____ **DOB:** _____

Name: _____ **SSN:** _____ **DOB:** _____

Name: _____ **SSN:** _____ **DOB:** _____

HOW WOULD YOU LIKE A COPY OF YOUR RETURN?

_____ PAPERLESS _____ PAPER _____ EMAIL (Secure Portal) RETURN

SIGNATURE OF TAXPAYER _____

*By signing you acknowledge that you have provided Sederburg & Associates with the correct total(s) in government payments.

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