



TAXPAYER INFORMATION SLIP

COMPLETE AND SUBMIT WITH TAX INFORMATION

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

Taxpayer Name: _____ SSN: _____

Spouse Name: _____ SSN: _____

CLIENT CONTACT INFORMATION

Address: _____ City, State & Zip: _____

Phone #: (C) _____ Email: _____

DO YOU HAVE ANY?

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

DIRECT DEPOSIT:

Bank: _____

Routing: _____

Account: _____

Filing Status: _____

Location Dropped Off: (Circle One)

St. Peter's O'Fallon Wentzville

New to Sederburg or new Dependents? Please fill out information below

Dependent Information: Who are you claiming on your return:

Name: _____ SSN: _____ DOB: _____

Name: _____ SSN: _____ DOB: _____

Name: _____ SSN: _____ DOB: _____

Name: _____ SSN: _____ DOB: _____

Name: _____ SSN: _____ DOB: _____

Please supply us with a copy of your 2021 return

