



TAXPAYER INFORMATION SLIP
COMPLETE AND SUBMIT WITH TAX INFORMATION

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

Taxpayer Name: _____ DOB: _____ SSN: _____

Spouse Name: _____ DOB: _____ SSN: _____

CLIENT CONTACT INFORMATION

Address: _____ City, State & Zip: _____

Phone #: (H) _____ (C) _____ Email: _____

- Would you like a digital copy of your return emailed to you ONLY? (No paper copy)**
- Paper Copy ONLY**

DO YOU HAVE ANY?

- Virtual Currency
- Foreign Accounts

DIRECT DEPOSIT:

Bank: _____

Routing: _____

Account: _____

Filing Status: Single Married Married Filing Separate Head of Household Qualified Widowed

New to Sederburg or new Dependents? Please fill out additional information sheet

TAXPAYER ADDITIONAL INFORMATION SLIP
COMPLETE AND SUBMIT WITH TAX INFORMATION

Taxpayer Name: _____

Spouse Name: _____

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 2023 return