



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
- Tips
- Overtime

Mandatory Per IRS 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 2024 return