## Tax Drop Off Information (New Client)

FILING STATUS: MARRIED	_ HEAD OF HOUSE	SINGLE	M. FILING SEPARATE
TAXPAYER	_SS#Oc	cupation	Birthday
SPOUSE	SS#Occ	upation	Birthday
Dependent	SS#D	OBDaycare?	Months at home
Dependent	CS#C	OBDaycare?	Months at home
Dependent	CS#C	OBDaycare?	Months at home
Primary Phone #: ( )	Email: _		
2022 Tax Return copy included?	If not	, we will need a copy.	
Did you pay for health insurance If so, how much?	NOT provided by a	n employer? Yes	No
Did You receive a 1095A for Mar	ket place health cov	/erage in 2023? Yes	No
Monthly Rent Amt Pd \$	Heat: Incl No	ot Incl Months ren	ted in '23
Do you own a house?	(Include property t	ax bill paid in 2023)	
Any Charity donations in 2023: (	Check/Cash \$	Goods \$	_ QCD's \$
Any Unemployment Income in 2	023? (1099G) Yes	No	
Did anyone attend a post-secondar If yes, how many years of College d (If yes, please provide 1098-T from	id the student comple		)
Was anyone enrolled in a private g (If yes, please provide a statement	•	•	)
Any Student Loan interest paid in 2	023? (1098-E) Yes	_No	
Any Investment Income? (yes/n	o) (1099B)	(1099Div) (1099Int)	
Any Business Income? (yes/no)	(1099NI	EC)	
Any Rental Income? (yes/no)	(1099N	lisc)	
Any Cryptocurrency transaction	s? (ex. Bitcoin) Yes_	No	
Were you a WI resident all 12 m	o? YesNo P	rev State Dat	e moved to WI
Any Energy Efficient Home Impr New windows, Doors, or Furnace, Central air, or V	Insulation cost		
Who referred you to Kirsch	Tax Service?		

## **Driver's License Information**

	Taxpayer	
License Number:		
Issue Date:		
Expiration Date:		
State of issue:		
	Spouse	
License Number:		
Issue Date:		
Expiration Date:		
State of Issue:		_

**BANKING INFORMATION (for Direct Deposit)** 

Name of Bank _			_
Routing #			_
Account #			
Account Type:	Checking	Savings _	