

# Flower City Tax - Drop Off Information

Today's date:	New to Flower City Tax? <input type="checkbox"/> Yes <input type="checkbox"/> No	Tax Year:
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Client Information		
Client name:	Date of Birth:	SSN:
Spouse name:	Date of Birth:	SSN:

☐ Include a copy (front and back) of each tax payer's driver's license.

Address:

City, State, Zip:

## Best way to contact you if we have questions

Telephone number:

Email address:

Have you had any transactions regarding Crypto Currency, ie. Bitcoin, etc.? ☐ Yes ☐ No

## Tax Return: Refund/Balance

Once we have completed your tax return, which method would you like your refund/balance due to be electronically deposited/withdrawn?

☐ Direct Deposit for  
Federal & State Refunds  
**Attach a voided check**  
☐ Checking ☐ Savings

☐ No Direct Deposit  
mail checks

☐ ACH for Federal & State  
Balance Due  
ACH is done on completion of tax return  
unless another date is specified

☐ I have read and signed the Letter of Engagement and the Privacy Policy (attached).

☐ My dependents are the same as last year.

☐ My dependents changed last year. \*

\* Please provide names, Social Security number, relationship to you and date of birth(s).

**Proof of residency must be provided for all EIC, head of household, and Child Tax Credit situations.**

**Other restrictions may also apply.**

Name:	SSN:	Relationship:	Date of Birth:	
				<input type="checkbox"/> Daycare <input type="checkbox"/> Tuition
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**Daycare:** Provide name, address and SSN/EIN of all providers and totals for each child separately.

**Tuition:** Provide year in school, Form 1098-T and copies of tuition bills. (See school bursar for info.)

Notes to us:

Your preparer will contact you to discuss your result or get additional information.

**NOTE:** No returns will be filed until we have obtained signatures on the e-file authorizations, due diligence documentation, and payment for services has been made. Signature forms can be faxed, uploaded, or e-signed.