

Today's Date: _____

**SHELTON ACCOUNTING
AND TAX SERVICE
DROP OFF FORM**

Date Promised: _____

Client's Phone #: _____, Backup Phone #: _____, and Email: _____

Demographics:

(Taxpayer) LAST NAME: _____ FIRST NAME: _____

SSN: _____ D.O.B.: _____

(Spouse) LAST NAME: _____ FIRST NAME: _____

SSN: _____ D.O.B.: _____

ADDRESS: SAME AS LAST YEAR? - - - - - YES__NO__

NEW ADDRESS (If 'no'): _____

Filing Status:

SAME AS LAST YEAR? - - - - - YES__NO__

NEW FILING STATUS (If 'no'):
Single ___ Married Filing Jointly ___ Married Filing Separate ___ Head of Household ___ Surviving Spouse ___

Dependents:

CLAIMING SAME DEPENDENTS AS LAST YEAR? - - - - - YES__NO__

CAN ANYONE ELSE CLAIM THESE DEPENDENTS? - - - - - YES__NO__

ADD:

Name: _____ SSN: _____ DOB: _____ Relation: _____

Name: _____ SSN: _____ DOB: _____ Relation: _____

Name: _____ SSN: _____ DOB: _____ Relation: _____

DROP:

Name(s): _____ SSN: _____ DOB: _____ Relation: _____

Direct Deposit (For Refunds):

SAME ACCOUNT AS LAST YEAR? - - - - - YES__NO__

NEW ACCOUNT INFORMATION (If 'no'):
ACCOUNT TYPE: Checking ___ Saving ___
Bank Name: _____
Routing #: _____
Account #: _____

*OR Attach Updated Information

Notes/Comments: