

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 2022? - - - - - 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: _____

Health Insurance:

DID YOU PURCHASE HEALTH INSURANCE FOR 2023 THROUGH THE HEALTH INSURANCE
MARKETPLACE? - - - - - YES__NO__
*(If 'yes') PLEASE BE SURE TO INCLUDE FORM 1095-A WITHIN YOUR TAX DOCUMENTS

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 Attatch Updated Information

Notes/Comments: