

**MENDEN ACCOUNTING**  
**TAX RETURN DROP OFF FORM FOR RETURNING CLIENTS**  
**(Please print legibly!!!)**

**PRIMARY TAXPAYER**

**SPOUSE**

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Birthdate: \_\_\_\_\_

Birthdate: \_\_\_\_\_

Best Phone: \_\_\_\_\_

Best Email: \_\_\_\_\_

Contact person: \_\_\_\_\_

Please provide copy of DL or complete:

Please provide copy of DL or complete:

D License #: \_\_\_\_\_

D License #: \_\_\_\_\_

Issue & Exp date: \_\_\_\_\_

Issue & Exp date: \_\_\_\_\_

Issuing State: \_\_\_\_\_

Issuing State: \_\_\_\_\_

Health coverage for all family members all year long? Provide documents.....YES [ ] NO [ ]

Change in address?.....YES [ ] NO [ ]

If yes, please enter new address \_\_\_\_\_

Change in marital status?.....YES [ ] NO [ ]

If yes, date of change & description \_\_\_\_\_

Change in dependents?.....YES [ ] NO [ ]

If yes, complete info for dependent change:

Add/delete NAME: \_\_\_\_\_ Soc Sec #: \_\_\_\_\_ DOB: \_\_\_\_\_

Add/delete NAME: \_\_\_\_\_ Soc Sec #: \_\_\_\_\_ DOB: \_\_\_\_\_

Daycare provider same as last year? YES [ ] NO [ ]

If yes, dollars spent? \_\_\_\_\_

Any estimated payments made? YES [ ] NO [ ]

If yes, provide dates, amounts, fed versus state \_\_\_\_\_

Bank routing # \_\_\_\_\_ Bank account # \_\_\_\_\_ (or attach voided check)

This is the same as last year's bank information YES [ ] NO [ ]

(For refunds or balances due via ACH transaction)

Signature \_\_\_\_\_

Date \_\_\_\_\_

<b>OFFICE USE:</b>	
<i>Engagement letter</i>	_____
<i>Tax assistance</i>	_____
<i>ACA form or 1095</i>	_____
<i>Copy of DL #</i>	_____