



DROP OFF QUESTIONNAIRE

619 NW R.D. Mize Road, Blue Springs, MO 64014

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Phone: 816-229-2992 Fax: 816-229-3280

<input type="checkbox"/> Returning Client <input type="checkbox"/> New Client
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OFFICE USE ONLY	
Notes:	Date: _____

A tax preparer will contact you within one week or as soon as your taxes are completed.

Taxpayer:
Legal Last Name _____
First Name & Initial _____
Occupation _____
Social Security # _____
Birth Date ____/____/____

Spouse:
Legal Last Name _____
First Name & Initial _____
Occupation _____
Social Security # _____
Birth Date ____/____/____

Primary Phone Contact Number – You: _____ Spouse: _____

Current Address _____

City _____ State _____ Zip _____

Email address (optional) _____

Filing Status: ___ Single ___ Married (filing joint) ___ Married (filing separately) ___ Head of Household ___ Dependent of another

If you are a **returning** client, did the number of dependents in your household change in 2016? If yes, please provide names, social security cards and birthdates of new dependents.

If you are a new client, please provide a list of names, birthdates and copies of social security cards of all dependents on the back of this form.

____ I have written additional information needed or notes to prepare my/our taxes on the back of this form.

I will pay for having my taxes prepared by:

____ Will pay when picked up _____ Having fees withheld (must provide copy of both spouses driver's license and complete pages 7-10)

____ Credit/Debit card -please circle one: MasterCard Visa Discover

Credit Card Number _____ Expiration month/year _____