



# DROP OFF QUESTIONNAIRE

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

Returning Client  
 New Client

OFFICE USE ONLY  
Notes: \_\_\_\_\_ Date: \_\_\_\_\_

## NEW LAW REQUIRES A COPY OF STATE ISSUED PHOTO ID for each taxpayer

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 2017? 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.

How I choose to pay for my tax preparation (pay to Norma's Tax Service):

- Will pay when picked up  Have fees withheld (must provide copy of both spouse's driver's license and complete pages 7-10)  
 Credit/Debit card - please check one:  MasterCard  Visa  Discover

Credit Card Number \_\_\_\_\_ Expiration month/year \_\_\_\_\_