Green CPA, PLLC Returning Client Update Sheet

		Personal Info	rmation			
Taynayor Nama		Ç	sa Nama			
Taxpayer Name		Spou	se wame			
Address		City	У	State	Zip	
Taxpayer Phone		Spo	ouse Phone			
Taxpayer EmailSpouse Email						
Did your filing status ch	_					
□ Married	Divorced	·····	☐ Dependent(s) Move In/Out	of House		-
Update Your Informati	ion	Dan and dark last	· · · · · · · · · · · · · · · · · · ·			
		Dependent Inf				
•	o changed since last year? e dependents from last years retu	ırn?	YES NO NO NO NO			
Please provide info on	•					
Dependents Nar	me (First, Middle, Last)	Relationship	Social Security Number	DOB	Months Lived Wit	th You
Dependents Nar	me (First, Middle, Last)	Relationship	Social Security Number	DOB	Months Lived Wit	th You
Dependents Nar	me (First, Middle, Last)	Relationship	Social Security Number	DOB	Months Lived Wit	th You
		Relationship	Social Security Number		World's Lived VVI	
		Health Insu	ırance			
		i i caicii i iiso	aranec .			
	urn have health insurance throu	gh the Marketplace?	Υ	ES 🗆	NO 🗆	
If YES, please provide y	our 1095A.					
		Banking Info	rmation			
Please provide banking in	formation	<u> </u>				
Bank						
Routing Number Account Number						
Account Type	Business Checking	Checking Sav	vings 🗆			
		Questio				
In 2023 did you receive	e, sell, send, exchange or otherwi				YES □ NO □]
		Miscellan				
	recommend paying any taxes ow	·				
We will send your signa	ature documents to you via Ency	o. If you wish to OPT (OUT check the box.			
IAN Personal 🗆	Business ☐ Opt-In	Office Use Opt-Out	-	nharshin Faa		
reisonar	•		t your appointment time	inacianip i ce		
Agreed Payment Type		□ Check	·	redit/Debit		
	Amount	Initial		ate		