



Information provided on this form will replace all information currently on file.

Taxpayer: First/Middle Initial/Last Name _____

Cell Phone _____ Home Phone/Landline _____

Email _____

Date of Birth _____ Social Security number if new client _____

Driver's License # _____ Iss Date: _____ Exp Date: _____

Spouse: First/Middle Initial/Last Name _____

Cell Phone _____ Home Phone/Landline _____

Email _____

Date of Birth _____ Social Security number if new client _____

Driver's License # _____ Iss Date: _____ Exp Date: _____

Address, State, Zip _____

Dependents- First/Middle Initial/Last Name - Social Security Number - DOB:

Name _____ Soc _____ Date of Birth _____

Name _____ Soc _____ Date of Birth _____

Name _____ Soc _____ Date of Birth _____

Name _____ Soc _____ Date of Birth _____

Direct Deposit (for refunds) / **Direct Debit** (for balance owed) **Information** (provide a voided check)
STATE OF MICHIGAN will not allow a DIRECT DEBIT. Any balance owed must be paid by mail or online directly with State of Michigan.

Initial if the same as last year: _____

Bank Name: _____ Routing Number: _____

Account Number: _____

Would you like to use our **secure client portal** for sending and receiving communication and documents? If yes, whose email would you like to use- **Taxpayer** or **Spouse**? (Circle one)

Would you like to receive a **hard copy** or **digital copy** of your tax return? (Circle one)

If you are a **homeowner**, please provide copies of your **2023 summer and winter property tax bills**.