GILES UNDERWOOD AND WILSON, LLC CLIENT INTAKE FORM

	Taxpayer			Spouse
Name:				
Social Security #				
Date of Birth:				
<u>Phone #</u>				
Address:				
Email Address:				
Driver's License #				
Driver's License Iss Date				
Driver's License Exp Date				
*****PLEASE PROVIDE A COPY OF YOUR DRIVER'S LICENSE****				
Who is the primary contact person?				
How would you like for us to contact y	ou? Email Phone			
What is the latest we can contact you i	f we call you after hours?			
Would you like a digital or paper copy	of your tax returns? Digital I	Paper		
List every person in your household an	d their date of birth:			
Can these people be claimed as depend	dents on your tax return? Yes	No		
If you have a refund, would you like to	have the refund direct deposited?	Yes	No	
If you owe, would you like to have the	taxes taken out of your account?	Yes	No	
If Yes to either above question, Please	provide the following or a voided check:	:		
Bank Name:				
Bank Routing Number:				
Bank Account Number:				
Checking or Savings				
Did you buy, sell, or trade in any dig	ital assets in 2023?	Ye	S	No
Were there any significant changes that would affect tax situation in 2023?		Ye	5	No
If Yes, please provide a brief descriptio	n below:			

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