

Please complete the following personal information if this is **your first year** with our firm. Otherwise, simply fill in **any changes** from last year:

	<u>raxpayer</u>			<u> </u>	<u>use</u>
Name:		Name:	Name:		
Social Security #:	urity #: Social Security #:				
Date of Birth:	h: Date of Birth:				
Occupation:		Occupation:			
Phone Number:		Phone Number:			
Preferred Email:	d Email: Preferred Contact:				
Address:		_			
City:		State:		Zip:	
Referred By: (If new)					
Referred by. (If fiew)					
	Dep	endents			
				# of Months Child Lived	
<u>Name</u>	Social Security #	Date of Birth	Income	With You D	
<u></u>	<u></u>	· · · · · · · · · · · · · · · · · · ·	<u></u>		
	Ques	stionnaire			
				Yes	<u>No</u>
Did you trade any virtual cu	rrongy during 20222				
•	•	logo roport			
If yes, attach tax document	· ·	ioss report.			
Did you make any charitable	•				
If yes, provide amounts: Ca	ash, check, credit card, or p	payroll \$			
No	on-cash: \$				
Did you receive a direct tax	rebate payment from the S	tate of Minnesota	during 2023?	<u></u>	
If yes, provide amount and	• •		•		
If you receive a refund, wou					
•					
If yes, provide a voided che	ck ii not aiready on nie.				
By completing this drop off	form you acknowledge that	it is recommende	d you also rev	view our Persor	nal Organizer
and complete any sections	•		•		•
By signing below you ackno	-	your knowledge a	nd belief the i	nformation con	tained on this
form is both accurate and co	omplete.				
Sigr	nature		Date		
0:	a a tura		Doto	•	
Sigr		Date			

Phone: (507) 387-6678

Fax: (507) 345-8521