

Derland G. Bahr, CPA New Client Drop Off

Today's Date:			_ City, State Zip:			
Email:			Spouse En	nail (if applicab	le):	
Taxpayer name:		Social Security #		Date of Birth:		
Occupation:		<u> </u>				
DL# State:		Iss Date:		Exp Date:	Exp Date:	
Spouse Name (if applicable):		Social Security #		Date of Birth:		
Occupation		<u> </u>				
DL# State:		Iss Date:		_ Exp Date:		
 Did you receive, sell, 4 Do any of the followin a. Teacher Deduction b. IRA contributions Taxpayer contribut c. Out-of-pocket Cold. Student Loan Inter e. Home energy imp 	through the N exchange, or h ng apply? (yes n (yes or no) (((does <u>NOT in</u> tion \$ lege expenses rest paid in 20 rovements? (y ring Electric V	ave any financia s or no) Only for K-12 te <u>nclude</u> retirement <u></u> Spous for you or deper 23? (yes or no) If yes or no) If <u>yes</u> , yehicle or Fuel C	pamacare)? (Ye l interest in cry achers) t plans thru wor se contribution S idents? (yes or lf <u>yes</u> , we need please provide i	es or No) If <u>YES</u> ptocurrency (e. k) (yes or no) b ro) If <u>yes</u> , we reform 1098-E nform 1098-E nformation.	Date of Birth:	
Direct Deposit/Direct Debit: Bank Name Checking or Savings		s Rou 	Routing #		Account #	
Additional Info:						