

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