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## 2024 Tax Return Client Information

This form **MUST BE COMPLETED AND RETURNED** prior to us preparing your tax return.

	Name:	Spouse Name	Spouse Name:			
	Aailing Address:					
	Did you Move After 1/1/24?	lo 📄 Yes 📄	lf yes, date move	ed:		
	Any Dependent Changes (birth, no longer dependent, etc.) for 2024? (Submit copy of Social Security card for new child.					
	Full Legal Name:	Date of Birth	1:	_ SSN:		
	Explanation/Details on Dependent Changes:					
	Phone:	Cell 🚺 Hom	e 🗌 Other 🗌	Best time to cont	act	
	Email Address:					
	Tax Return Delivery Options					
	We want to provide you with copies of your tax return(s) in the format you prefer. Please indicate your preferred method(s) of receiving copies of your tax return(s) below:					
	I prefer to receive my tax return(s) in paper form – <u>Mailed via USPS</u> I prefer to <u>Pick Up</u> my tax return(s) in paper form from the office of DeVries + Associates I prefer to receive my tax return(s) in <b>electronic (PDF) form</b> . We are offering the ability to securely receive signature documents and full copies of your tax returns via Citrix ShareFile this This secure electronic delivery platform includes the ability to e-sign required e-filing forms. You must provide unique email addresses for both spouses on a joint return. <i>Please complete the following information for e-delivery</i> :					
	Taxpayer Name:	Email:	Cell Phone	:		
	Spouse Name:	Email:	Cell Phone:			
	Refund Preference					
	Same Direct Deposit Account as La	refer to receive <u>check(s)</u> for my refund(s) <u>me</u> Direct Deposit Account as Last Year w Account (please fill in below or submit voided check or bank direct deposit printout):				
	Routing # Account	# Type of	Account: C	hecking	Savings	