

Accounting Offices of Patrick S. McNally Supplemental Information Drop Off Sheet

Name: _____

Phone: _____ Email: _____
() Home () Work () Cell

Change of Address **Yes / No** If yes please provide your New Address

Did you Purchase or Sell Real Estate? **Yes / No** – If yes include Settlement Papers

Any New or Additional Dependents? **Yes / No** If yes please list:
Name _____

Date of Birth _____ **Social Security Number** _____

Did pay Child Care? **Yes / No** If yes please list:
Name of Provider _____

Address _____

Tax ID # for Establishment _____ **Amounts Paid** _____

Do you have Dependents Attending College? **Yes / No** If Yes are Tuition Statement/1098T Included **Yes / No**

If you are getting a refund would you like Direct Deposit? **Yes / No** If yes please list:

Routing # _____ **Account #** _____ **Acct Type** Checking ___ Savings ___

What is your preferred method of contact? _____ Email _____ Telephone

Do you require a phone or Zoom meeting upon completion of your returns? **Yes / No**

Would you like your completed package to be sent to you electronically via our secure portal? **Yes / No**

**WE ASK THAT ALL FIRST TIME CLIENTS TO PLEASE PROVIDE A COPY OF YOUR
PRIOR YEAR RETURNS FOR REFERENCE**

Special Notes or Instructions:

