



THREE BIRDS  
TAX SERVICE, LLC

# Client Drop Off Form

Date of Drop Off \_\_\_\_\_

Tax Preparer Selection

First Available

Specific Tax Preparer: \_\_\_\_\_

## Primary Taxpayer

\_\_\_\_\_  
Full Legal Name

\_\_\_\_\_  
Social Security #/ITIN

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Email

\_\_\_\_\_  
Phone #

\_\_\_\_\_  
Follow-up Method  
Secure Message Phone

\_\_\_\_\_  
Occupation(s)

Marital Status Single Married Widowed

Are you Active Military? Yes No

Is anyone claiming you as a dependent? Yes No

## Secondary Taxpayer

\_\_\_\_\_  
Full Legal Name

\_\_\_\_\_  
Social Security #/ITIN

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Email

\_\_\_\_\_  
Phone #

\_\_\_\_\_  
Follow-up Method  
Secure Message Phone

\_\_\_\_\_  
Occupation(s)

Are you Active Military? Yes No

Is anyone claiming you as a dependent? Yes No

## Dependents

If any dependents didn't live at the primary taxpayer's address all 12 months of the year, please discuss the circumstances with your tax preparer.

Name	Relationship	DOB	SSN/ITIN	Full-Time Student?		Disabled?	
				Yes	No	Yes	No
_____	_____	_____	_____-_____-_____-	_____	_____	_____	_____
_____	_____	_____	_____-_____-_____-	_____	_____	_____	_____
_____	_____	_____	_____-_____-_____-	_____	_____	_____	_____
_____	_____	_____	_____-_____-_____-	_____	_____	_____	_____

## Did anything new happen this year?

Please use the space below to fill us in.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_