



Dear **all** taxpayer(s),

We are excited to announce our new process to get your completed returns to you faster! We now will send all signature pages via our Electronic Signature platform, and upload all completed tax return documents to your secure portal for you to download and review. Which means no more waiting on the mail, and no need to print anything out or mail anything back -- you can even sign your signature pages via your phone or computer! **So be sure to provide an email address for all those who need to sign for your return.**

It is **imperative** that you complete this form and return it to us. **Without this form, we will be unable to prepare your tax return.** If you have any questions or concerns, please contact our office using the above contact information.

Thank you,
Cornerstone Accounting Solutions

TAXPAYER INFORMATION

New Client? _____

Filing Status? _____

Name: _____

SSN _____

Date of birth: ____/____/____

Email Address: _____

Best phone number: ____/____/____

Secondary phone number: ____/____/____

Home address: _____

Preferred contact method: _____

Spouse Information (if applicable):

Name: _____

SSN _____

Date of birth: ____/____/____

Email Address: _____

Best phone number: ____/____/____

Secondary phone number: ____/____/____

Home address: _____

Preferred contact method: _____

Change in marital status in 2022? _____

Date of Change: _____

Healthcare: Do you or your spouse receive government funded health insurance? Y/N

**Note: 1095-B and 1095-C not required for filing.*



DEPENDENT INFORMATION (IF NOT APPLICABLE, MOVE TO NEXT PAGE)

> **New Clients:** *If you have more than two dependents, please record the below information on a separate piece of paper and include it with this form.*

Dependent #1: *Dependent's name:* _____ *Dependent's SSN:* _____ - _____ - _____
Dependent's DOB: ____/____/____ *Dependent's relationship to you:* _____

Dependent #2: *Dependent's name:* _____ *Dependent's SSN:* _____ - _____ - _____
Dependent's DOB: ____/____/____ *Dependent's relationship to you:* _____

Current Clients: Change in dependents you are claiming in 2022?

Welcomed a new child:

Child's name: _____ *Child's SSN:* _____

Child's relationship to you: _____ *Child's DOB:* ____/____/____

Could another taxpayer qualify to claim this dependent?

Previous dependent no longer being claimed:

Dependent's name: _____ *Dependent's SSN:* _____ - _____ - _____

Dependent's reason for no longer being claimed: _____

New dependent (i.e., if you are claiming a parent/grandchild/etc as a dependent):

Dependent's name: _____ *Dependent's SSN:* _____ - _____ - _____

Dependent's DOB: ____/____/____ *Dependent's relationship to you:* _____

Could another taxpayer qualify to claim this dependent?

Claiming a shared dependent (e.g. dependents whose guardians share custody and switch off claiming):

Dependent's name: _____ *Dependent's SSN:* _____ - _____ - _____

Dependent's DOB: ____/____/____ *Dependent's relationship to you:* _____

If yes, Form 8332 must be provided and signed by the other party.



Phone: 443-328-6609 | Email: taxfile@casacct.com
174 Klee Mill Road
Sykesville, MD 21784

ADDITIONAL INFORMATION

If you have any other information you feel will be pertinent to your tax return, please record that information below:

We will send everything to you electronically unless you tell us otherwise here:

- I would prefer to pick up my return in person
- I would prefer to have my return mailed to me (\$10 mail fee will apply)