Rietsch | Souriall
Tax + Accounting

Date: _____

TAXPAYER

First _____

Last _____

SSN _____

D.O.B. _____ **D.O.D.** _____
(MM/DD/YYYY)   (MM/DD/YYYY)

DL/ID # _____ **State** _____

Issued _____ **Expires** _____
(MM/DD/YYYY)   (MM/DD/YYYY)

Best PH _____ **Other PH** _____

Email _____

Referred by: _____

SPOUSE

First _____

Last _____

SSN _____

D.O.B. _____ **D.O.D.** _____
(MM/DD/YYYY)   (MM/DD/YYYY)

DL/ID # _____ **State** _____

Issued _____ **Expires** _____
(MM/DD/YYYY)   (MM/DD/YYYY)

Best PH _____ **Other PH** _____

Email _____

☐ Google ☐ Facebook ☐ Other _____

STREET ADDRESS (to be reflected on the return)

Address _____

City _____ **ST** _____ **Zip Code** _____

School District (where you lived on Dec. 31) _____

DEPENDENT(S) (to be claimed on current year's income tax return)

First Name	Last Name	Birthdate	SSN	Relationship

HOW WOULD YOU LIKE TO RECEIVE YOUR COPY OF THE TAX RETURN?

☐ Paper Copy in Blue Folder   ☐ Electronic Copy via Email   ☐ Both Paper & Electronic

WOULD YOU PREFER TO SIGN ANY FORMS ELECTRONICALLY?

☐ NO   ☐ YES (if joint return, we need two different email addresses for taxpayer & spouse)

BANKING (*Effective 09/30/25, all refunds & payments must be made electronically*)

Name of Bank/Credit Union: _____   ☐ CHK   ☐ SAV

Routing #: _____ **Account #:** _____   ☐ Joint w/ Spouse

Date of withdrawal for tax(es) due: _____ (Can be any date through 04/15/26 if filed on or before then)

****For returns filed after 04/15/26, withdrawal date cannot be post dated; it must be the date the return is filed***

MARKETPLACE INSURANCE

Did you/your ins agent purchase health insurance through the Marketplace?   ☐ NO   ☐ YES

CRYPTO/VIRTUAL CURRENCY

Did you and/or your spouse (if applicable) receive crypto currency as payment?   ☐ NO   ☐ YES

Did you and/or your spouse (if applicable) sell/exchange/dispose of crypto currency?   ☐ NO   ☐ YES

NOTE(S) or ANY OTHER INFORMATION YOU WOULD LIKE US TO KNOW . . .