KIMBERLY A. HARDESTY PSC

CERTIFIED PUBLIC ACCOUNTANT Existing Client

Name:					
Phone Number:			Email Address:		
Preferred Method of Contact:	Phone	Text	Email		
We will need date of birth	and social s	ecurity numb	ers for each family member liste	ed on your tax retui	rn.
Has your Address Changed, (If address changed please write below)	Yes	No	Market Place Insurance (If yes, is 1095-A include	Yes	No
Dependent/Marital Change (if yes, please indicate below)	Yes	No	Have you paid Estimates (If yes, is breakdown included in tax doc	Yes cuments if not please inc	No clude below)
Any Sale of Bitcoin	Yes	No	1st 2nd	3rd 4th	
Additional Comments:					
Signature:			Date:		
Name:			LIC ACCOUNTANT Client		
Phone Number:			Email Address:		
Preferred Method of Contact:	Phone	Text Em	ail		
Marital Status Single	Married Filing Joint	nead of nouse	We need date of birth and social security numbers for each family member listed on your return. Please list those on back or below.		
Number of Dependents			Market Place Insurance	Yes	No
Address:			Any Sale of Bitcoin	Yes	No
Additional Comments:					
_					

Date:

Signature:

KIMBERLY A. HARDESTY PSC

CERTIFIED PUBLIC ACCOUNTANT Business

Business Name:				
Phone Number:			Email Address:	
Preferred Method of Contact:	Phone	Text	Email	
Has the business Address Changed			If dropping QuickBooks file off.	
	Yes	No	Version of QB:	
Has any Owner/Officer had an address change		Username:		
	Yes	No	Password:	
Has any Percentage of Ownership C	hanged			
	Yes	No	If using Quickbooks Online does Ki	m have access?
			If no, invite can be sent to kim@ha	ardestycpa.com
Additional Comments:				
Signature:			Date:	