

Returning Client Form - Watson Tax Service

Taxpayers Last Name (please print) _____

Taxpayers First Name (please print) _____

Taxpayers Last 4 of Social Security Number _____

Phone Number: _____

_____ If you had **NO CHANGES** from prior year **check here and sign at the bottom**

i.e., marital status, dependents, Health Insurance, Bank Account, Property Taxes, Rent, interest, investments, college expenses,

Check the following items that **HAVE** changed:

_____ Address

_____ Phone number _____

_____ email address

_____ Filing status i.e. married, divorced, spouse deceased-Death certificate required

_____ Dependents: Add _____ Remove _____

_____ Investments i.e. dividends, stock sales, etc.

_____ Started new business, rental, farm, Partnership

_____ Inheritance

_____ Retired this past year

_____ Bank Account for Direct Deposit-Checking Only not Savings accounts

_____ Less than full amount of Indiana Automatic Taxpayer refunds

Explanations to items checked above

Signature _____

Date _____