Taxpayer Name Spouse Name		Social Security Nu	imber	Date of Birth Date of Birth		
		Social Security Nu	imber			
Filing Status:	Single Married Filing Jointly Married Filing Separately Head of household Qualified Widow(er)		-	:		
Telephone Nu	umber:	-	spouse pass away in 2024 ase provide date?	?		
Did you move	e in 2024? Yes:	□ No: □	1			
Mailing Addr	ess:					
List all the chil side of the for		pe claiming in 2024 (if	additional children, please	e add information on reverse		
Name:		SSN:	DO	B:		
Name:		SSN:	DO	B:		
Name:		SSN:	DO	B:		

Name:	SSN:			DOB:	
Can anyone else claim any of the children abov If so, which one			No:		
Do you want your refund direct deposited? *Please provide a voided check for proof of info		No:			
Bank Name:		outing #:		Account #:	
What kind of account is it? Checkin	ng 🗆	-		Savings	

Did you make any estimated tax payments in for 2024?	Yes:	No:	
Please list agency (IRS, PA, Local), dates, and amounts bel	ow:		

(Continued on next page...)

Did you have healt (Please include Forr	YES:		o: 🗆		
• •	onprofit contributions your church, humane s	2024? societies, community cent	How much ers, etc.)	?	
Taxpayer's Driver's License: Spouse's Driver's	Number:	Issued:	Expires:	State:	
License	Number:	Issued:	Expires:	State:	
How will you receive *mailing fee of \$8*	your tax return?	PDF Copy (\$10 disco I will pick it up in pe I would like it mailed	rson		

Will you be paying:	at pick-up (no fees apply)			
	via my refund (fees apply)			

Please use the space below to let your preparer know of any changes in 2024 or any additional information necessary to complete your tax return:

v:\administrative\from huntingdon\tax\2025 tax filing season ye 123124\fillable drop off form 2024.docx