

## CONTACT INFORMATION UPDATE

Please complete the following and return to our office. You may email this form to either Jennifer ([jennifer@cpabh.com](mailto:jennifer@cpabh.com)) or Alexis ([alexis@cpabh.com](mailto:alexis@cpabh.com)). Our office must receive this information to begin work on your return.

### Taxpayer

Name: \_\_\_\_\_

DOB: \_\_\_\_\_

#### Driver's License Information:

License number: \_\_\_\_\_

Issue Date: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Issuing State: \_\_\_\_\_

My address is unchanged from prior year

-OR-

Current Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Email: \_\_\_\_\_

Best Contact Number: \_\_\_\_\_

### Spouse (if applicable)

Name: \_\_\_\_\_

DOB: \_\_\_\_\_

#### Driver's License Information:

License number: \_\_\_\_\_

Issue Date: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Issuing State: \_\_\_\_\_

My address is unchanged from prior year

-OR-

Current Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Email: \_\_\_\_\_

Best Contact Number: \_\_\_\_\_

Please check:  YES  NO

I will be submitting someone else's tax information other than mine and/or my spouse's.

Please select how you would like your tax organizer sent:

None  Mailed  Emailed (to print)

Emailed (fillable PDF)