

FOR OFFICE USE ONLY
Date:

Preparer:

Taken by:

2025 TAX YEAR RETURNING CLIENT

PLEASE PRINT

Taxpayer:	Spouse:
Phone:	Phone:
Email:	Email:
Address:	

Has your address changed? _____

Has your marital status changed? _____

Did you or your spouse become disabled or blind? _____

Did your occupation change? _____

Do you have any new dependents? _____

NEW Childs Name	Birthdate	SS#

Do you have any children who ***Graduated high school/college, moved out, got married, worked full time, etc.***, that no longer qualify to be your dependent for 2025? Yes _____ NO _____

<p>Are you interested in opening a Trump Account for any child under 18? Yes _____ No _____ N/A _____</p>
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NAME OF FINANCIAL INSTITUTION	ROUTING NUMBER	ACCOUNT NUMBER	Checking or Savings?

Did your Direct Deposit banking information change? _____

TAXPAYER ID STATE:	SPOUSE ID STATE:
ID #:	ID#:
ISSUE DATE:	ISSUE DATE:
EXPIRATION DATE:	EXPIRATION DATE:
DRIVERS LICENSE OR STATE ID? (Circle one)	DRIVERS LICENSE OR STATE ID? (Circle one)

Any additional information or questions for your preparer?