



*Abacus*  
accounting services, inc.

# 2021 DROP OFF FORM

LOGGED INTO:  Office Tools  Ultra Tax  
 Teri appt date: \_\_\_\_\_  VIDEO  PHONE

NAME:

Drop Off Date \_\_\_\_\_

Client \_\_\_\_\_

(Last name)

(First name)

Primary Contact \_\_\_\_\_

Phone # \_\_\_\_\_

C / H / W

E-Mail Address \_\_\_\_\_

Best day/time to call \_\_\_\_\_

Secondary Contact \_\_\_\_\_

Phone # \_\_\_\_\_

C / H / W

E-Mail Address \_\_\_\_\_

Best day/time to call \_\_\_\_\_

Is Client ok with Email as Primary contact? YES NO

Life Changes (Marital status/Dependents/Move/Large purchases) \_\_\_\_\_

Special Concerns \_\_\_\_\_

DROP OFF DATE

Will Client be out-of-state during tax season? YES NO Return Date \_\_\_\_\_

Preparer

Notes: \_\_\_\_\_