

\*ITEMS IN RED REQUIRED



# Drop-Off

## Return Review

- CALL WHEN READY
- WOULD LIKE TO SCHEDULE AN APPOINTMENT

## Date of drop-off:

## ① Primary Taxpayer

\_\_\_\_\_  
Full Name

\_\_\_\_\_  
Social Security # / ITIN

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
ZIP

### Email

\_\_\_\_\_  
Email

#### Follow-up method

- Secure Messenger/EMAIL
- Phone

### Phone #

\_\_\_\_\_  
Occupation(s)

Marital Status?  Single  Married  Widowed

Are you active in the military?  Yes  No

Is anyone claiming you as a dependent?  Yes  No

Would you like to designate \*3 to the Presidential Election Campaign Fund?  Yes  No

## ② Your Spouse

\_\_\_\_\_  
Full Name

\_\_\_\_\_  
Social Security # / ITIN

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
ZIP

### Email

\_\_\_\_\_  
Email

#### Follow-up method

- Secure Messenger/EMAIL
- Phone

### Phone #

\_\_\_\_\_  
Occupation(s)

Are you active in the military?  Yes  No

Is anyone claiming you as a dependent?  Yes  No

Would you like to designate \*3 to the Presidential Election Campaign Fund?  Yes  No

## ③ Dependents

If any dependents listed did not live at the primary taxpayer's address the entire year, please discuss this with your tax professional.

Name	Relationship	DOB	SSN / ITIN	Full-Time Student?	Disabled?
_____	_____	_____	_____	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
_____	_____	_____	_____	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
_____	_____	_____	_____	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No

**4 Your Year**

Tell us about your year, so we can find as many credits and deductions as we can. (ex.: bought property, had a child, installed energy efficient windows, etc.)

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**5 Your Tax Situation**

Please select all that apply to you or your spouse:

**Income Sources**

- Employer (W-2)
- Unemployment
- Social Security (SSA-1099)
- Retirement plan distribution
- Interest (1099-Int)
- Dividends (1099-Div)
- Stock or mutual fund sale (1099-B)
- Self-employment / miscellaneous income
- Expenses from self-employment
- Rental property

**Itemizations**

- Donated cash or goods to a charity
- Made a major taxable purchase
- Had a mortgage payment (1098)
- Paid property taxes
- Large out-of-pocket medical expenses

**Household / Dependents**

- Change in family or marital status
- Adopted a child
- Paid child / dependent care expenses
- Tuition (1098-T) and education expenses
- Paid student loan interest
- Enrolled in a health insurance plan through the federal or state marketplace (1095-A)
- HSA contribution

**Miscellaneous**

- Sold a home
- Paid / received alimony
- Lived in a federally declared disaster area
- Had gambling winning / losses
- Made an IRA contribution

**When would you like your return completed by?**

Allow for at least 5-7 BUSINESS DAYS

**TAX PROFESSIONAL OR CSP: COMPLETE THE SECTION BELOW.**

Taxpayer ID Type	Exp. Date	Spouse ID Type	Exp. Date
Taxpayer ID Number		Spouse ID Number	
Place of issuance, if any		Place of issuance, if any	
Date of issuance, if any		Date of issuance, if any	

DATA ENTERED

**How will the client review their return?**

- Approve Online
- Return to Office

Appointment Date \_\_\_\_\_