

# DROP OFF CHECKLIST

## 1. PRIMARY TAXPAYER

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

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

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

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

City \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

Email \_\_\_\_\_

Phone Number \_\_\_\_\_

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

Follow up:  Secure Messenger  
 Phone Call

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 Code \_\_\_\_\_

Email \_\_\_\_\_

Phone Number \_\_\_\_\_

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

Follow up:  Secure Messenger  
 Phone Call

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 this with us.

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





**4. YOUR YEAR**

Tell us about anything significant that happened to you this past year. For example, you started a business, you bought property, had a child, installed energy efficient windows..etc

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**5. YOUR TAX SITUATION**

Please check 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

**HOUSEHOLD DEPENDENTS**

- Change in family or marital status
- Adopted a child
- Paid child/ dependent care expense
- 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

**ITEMIZATIONS**

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

**MISCELLANEOUS**

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

**DROP DATE:** \_\_\_\_\_

**Please expect an email from us within 2 days of your drop off date.**

**Thank you!**

