

TAX DROP OFF QUESTIONNAIRE

TODAY'S DATE:

NAME:

ADDRESS:

CITY/STATE/ZIP:

PHONE:

EMAIL ADDRESS:

MARRIED/SINGLE/MARRIED FILING SEPERATELY

DATE OF BIRTH (if you are a new client we will need birthdate(s) for each person on your tax return):

LIST DEPENDENTS ON YOUR TAX RETURN:

IF YOU ARE CLAIMING DEPENDENTS - WE NEED PROOF OF RESIDENCY (This would be anything with dependents name on it and your address: school record, physicians bill, etc.)

SCHOOL DISTRICT:

RENT: YES/NO

PAID TO WHOM:

MONTHLY RENT:

IF YOU OWN PROPERTY (WE WILL NEED SUMMER & WINTER PROPERTY TAXES)

HEALTH COVERAGE: IF YOU ARE COVERED UNDER THE MARKET PLACE WE NEED 1095A

THE IRS NEEDS TO KNOW: AT ANY TIME, DID YOU RECEIVE, SELL, SEND, EXCHANGE, OR OTHERWISE ACQUIRE ANY FINANCIAL INTEREST IN VIRTUAL CURRENCY? YES/NO

STIMULUS CHECK #1: \$ STIMULUS CHECK#2:\$ WE WILL NEED THESE AMOUNTS NO MATTER WHEN YOU RECEIVED IN 2020/2021

AMOUNT OF CASH DONATIONS TO A CHARITABLE ORGANIZATION (WE WILL NEED TO SEE RECEIPT(S):

IF YOU GET A REFUND DO YOU WANT IT DIRECTLY DEPOSITED? YES/NO IF YES WE WILL NEED YOUR BANK INFORMATION:

NAME OF BANK:

ROUTING NUMBER:

ACCOUNT NUMBER:

SAVINGS/CHECKING

WHEN YOUR TAX RETURN IS COMPLETED WOULD YOU LIKE TO: PICKUP/HAVE US MAIL/EMAIL YOUR TAX RETURN

*BEFORE WE ELECTRONICALLY FILE YOUR TAX RETURN WE WILL NEED YOUR SIGNATURE(S) ON FORM 8879

ADDITIONAL NOTES: IF YOU ARE A NEW CLIENT WE WILL NEED A COPY OF YOUR DRIVERS LICENSE, SOCIAL SECURITY CARD(S) FOR ANYONE LISTED ON YOUR TAX RETURN. THIS POLICY IS FOR OUR DUE DILIGENCE FOR IDENTITY PURPOSES AND A COPY OF LAST YEAR TAX RETURN.

ADDITIONAL INFORMATION WE SHOULD KNOW ABOUT YOUR TAX SITUATION: