

## Drop Off Information Sheet

Client's Name: \_\_\_\_\_ Spouse's Name: \_\_\_\_\_  
Client's SSN: \_\_\_\_\_ Spouse's SSN: \_\_\_\_\_  
Client's DOB \_\_\_\_\_ Spouse's DOB \_\_\_\_\_  
Client's Occupation \_\_\_\_\_ Spouse's Occupation \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

If we have questions regarding your tax return before completion, would you prefer to be contact by: \_\_\_\_\_ Email or \_\_\_\_\_ Phone

Email address: \_\_\_\_\_  
Phone #: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

What is the latest time at night that we can call? \_\_\_\_\_ 9pm \_\_\_\_\_ 10pm \_\_\_\_\_ 11pm

Would you like a paper copy \_\_\_\_\_ of your return or a flash drive \_\_\_\_\_ or both \_\_\_\_\_  
((\$5.00 charge for flash drive)

We accept Visa, Master Card, Discover, and American Express (with an additional convince fee).

Once we have completed your tax return, if you would like your refund/balance due to be electronically deposited/withdrawn, please complete the box below.

<p>_____ Direct Deposit Federal Refund _____ Direct Deposit State Refund _____ Withdraw for Federal Balance Due _____ Withdraw for State Balance Due Withdrawal is done on 4/15 regardless of when tax return is filed unless another date is specified _____</p> <p>Attach a voided check or:</p> <p>Bank Name: _____ Routing # _____ Acct # _____ _____ checking _____ saving</p>
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Do you and all dependents on return have medical insurance? \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Partial  
If yes or partial, how was medical insurance obtained and who is insured under it? \_\_\_\_\_  
\_\_\_\_\_

Dependents:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

DOB: \_\_\_\_\_ SSN: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

DOB: \_\_\_\_\_ SSN: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

DOB: \_\_\_\_\_ SSN: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

DOB: \_\_\_\_\_ SSN: \_\_\_\_\_

Check if you have any of the following and include a copy if applicable:

\_\_\_\_\_ W2s: wage statements

\_\_\_\_\_ 1099R: pension, IRA statements, 401(k) and 403(b) statements

\_\_\_\_\_ 1099s for interest and dividends

\_\_\_\_\_ Other miscellaneous sources of income

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Check if you will be itemizing your deductions and include a copy if applicable:

\_\_\_\_\_ 1098 for mortgage interest, home equity loan interest or line of credit equity interest

\_\_\_\_\_ Property and school taxes on ALL property owned

\_\_\_\_\_ List of charitable contributions

\_\_\_\_\_ List of medical expenses

\_\_\_\_\_ List of employee business expenses

Check if you have children that have:

\_\_\_\_\_ College tuition costs: include 1098-T statement for tuition and 2012 tuition bills\*

\*We require both to insure correct crediting of expenses paid

\_\_\_\_\_ Dependent care costs: include child care provider's name, address, ID number and amount paid\*\*

\*\*We require that amounts be listed per child for the tax return

Taxpayer's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Spouse's Signature: \_\_\_\_\_ Date: \_\_\_\_\_