**DiMarco & Company, Inc.**

**Drop-Off Form**

Please complete **BOTH SIDES** of this form and return to our office with all your documents.

**Date of Drop off: \_\_\_\_\_\_\_\_\_\_**

**Date**

**2021 Income Tax**

**Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Filing/Marital Status:**

Same *(no change from 2020)*

**Changed\***

*(\*Please include additional information or contact our office for required documents)*

Head of Household (even if not claiming dependent you may qualify if child lived w/ you 6+ months)

Widowed

**Address:**

Same

New: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Contact Information:**

Best Phone #’s: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_and \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Email:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Best Follow-up method:** Phone  Email

**2021 Total Advanced Child Tax Credit Payments Received (AdvCTC)**

Letter 6419 from the IRSwith total payments included

Stimulus Payment(s) NOT Received/Adjusted…

Letter 6475 from the IRS confirming the total amount of the Third Economic Impact Payment and any plus-up payments you received for tax year 2021.

**Dependents:**

**Same**

**Change:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*If any dependents did not live at the primary taxpayer’s address the entire year, please let us know so we can discuss the tax consequences.*

**New Dependent…** Adopted a child *(please contact us…)*

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

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

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

SSN/ITIN: \_\_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_\_\_\_\_\_

*If applicable…*  Full-Time Student Disabled

**Dependents *(Cont.)*:** *(Please Enclose)*

Paid child / dependent care expenses*(including EIN of dependent care)*

Tuition (1098-T) and education expenses

**Income Sources:** *(Please Enclose)*

Employer (W-2)

Unemployment (1099-G)

Social Security (SSA-1099)

Retirement plan distribution (1099-R)

Interest (1099-Int)

Dividends (1099-Div)

Stock or mutual fund sale (1099-B)

Self-employment / Miscellaneous Income *(1099’s if applicable)*

Expenses from self-employment

Rental property Income *(1099’s if applicable)*

Expenses from rental property

**Other:**

HSA Distributions (1099-SA) *Used for Qualified Medical Expenses?* Yes No

Made a major taxable purchase

Had a mortgage payment (1098)

Paid property taxes

Large out-of-pocket medical expenses

Sold a home

Paid / received alimony

Had gambling winning / losses (W-2G)

Paid Student loan interest (1098-E)

Cash Contributions made to qualifying organizations $\_\_\_\_\_\_\_\_\_\_\_

Non-Cash Contributions (enclose details and amounts)

Made an IRA contribution

**Direct Deposit and Direct Debit**

Do you want your refund directly deposited into your account? ☐YES ☐NO

Do you want the amount owed to be directly withdrawn from your account? ☐YES ☐NO

If yes, please attach a VOIDED CHECK or CONFIRM the last 4 digits of an account used for 2020. #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**YOUR TAX RETURN WILL NOT BE PREPARED WITHOUT ALL OFFICIAL FORMS.**

We will notify you with any questions and/or when the return is completed.

Upon Completion, you MUST sign and pay the preparation fee before your return can be submitted electronically.

We will be accepting Drop-Off information including this form at our office located at:

**DiMarco & Company, Inc.**

**1207 N. Military Road**

**Niagara Falls, NY 14304**

**Email: dimarcoaccounting@gmail.com**