

Drop Off Sheet 2025

Date Dropped off: _____

Date of appointment (if applicable): _____

Did we file your 2024 tax return? ☐ YES ☐ NO If not, please provide copy of most recently filed tax return

Client name(s): _____ DOB: 1) _____ 2) _____

Did your address change last year? ☐ NO ☐ YES: If YES please provide new address: _____

Preferred means of communication: Phone or email? _____

Phone number: _____

Email address: _____

Did your license expire last year? ☐ NO If yes, or new client: please provide a photocopy of the front and back

Direct Deposit: ☐ Same Account: ☐ New Account: ☐ Opt-out / Prefer checks mailed

Name of bank: _____

Routing #: _____ Acct#: _____ ☐ Checking ☐ Savings

Please provide answer and check yes or no	Y	N
Did your marital status change? Marriage <input type="checkbox"/> Divorce <input type="checkbox"/> Separation <input type="checkbox"/>		
Any change of dependents? (space provided on back)		
Any financial interest or signature authority in a foreign bank account or own property in a foreign country?		
Did you own/sell/exchange Bitcoin or Crypto currencies?		
Did you purchase or sell a home? If so, please provide Settlement or Disclosure Statement.		
Did you receive unemployment benefits? If so, please provide 1099-G from NYS Department of Labor website.		
Did you receive any distributions from a retirement account or 401K? If so, please provide a 1099-R.		
Did you make any charitable donations? How much? \$_____ If greater than \$250 please provide documentation/proof.		
Do you have any job-related expenses that were not reimbursed by your employer? (union dues, uniforms, mileage etc.) Amount? \$_____ Please provide documentation/proof.		
Did you pay education expenses? If so, please provide form 1098-T from the institution.		
Did you make any Energy Efficient improvements? Please provide itemized receipts (windows, doors, insulation, heating/cooling etc.).		
Did you receive Health insurance through NYS State Marketplace? If so, please provide 1095-A.		

How would you like to receive your completed return? ☐ Printed ☐ Digital

Please note, if you do not choose, we will automatically prepare the return for email.

If an additional copy, either printed or electronic is requested, there will be an additional \$25.00 fee

(PLEASE SEE BACK TO ADD NEW DEPENDENTS)

New Dependent Information (example: birth of a child):

Full Name: _____

Social Security Number: _____ Date of Birth: _____

Full Name: _____

Social Security Number: _____ Date of Birth: _____

Additional Information:
