

# Drop Off Sheet 2025

Date Dropped off: \_\_\_\_\_

Date of appointment (if applicable): \_\_\_\_\_

How would you like to receive a copy of your tax return?  Electronic  Paper

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: **fill out below.**

**Please note: if you do not provide your direct deposit information on your tax return, your refund will take up to an additional 6 weeks to process, as per IRS regulations.**

Name of bank: \_\_\_\_\_

Routing #: \_\_\_\_\_ Acct#: \_\_\_\_\_  Checking  Savings

<b>Please provide answer and check yes or no</b>	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)		
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.		

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

