

# Tax Preparation Drop-off Sheet

**Note: All Names Must Be Written As Shown On Social Security Card**

**Status:**     Never Married         Legally Married         Legally Divorced         Legally Separated by court order  
 Legally Married, but not living with spouse     Civil Union         Widowed, year of death \_\_\_\_\_

If separated, enter the date you last lived with Spouse: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_        Check here if Married Filing Separately

**If Married Filing Separately you MUST also include Spouse's information below.**

Taxpayer			Spouse		
SSN:	DOB:	Date of Death:	SSN:	DOB:	Date of Death:
First Name:		Middle Initial:	First Name:		Middle Initial:
Last Name:			Last Name:		
<input type="checkbox"/> ID <input type="checkbox"/> Driver's License <b>and</b> Enter Number:		License State:	<input type="checkbox"/> ID <input type="checkbox"/> Driver's License <b>and</b> Enter Number:		License State:
Date Issued:		Date Expires (must be valid):	Date Issued:		Date Expires (must be valid):
Job Title:			Job Title:		
Cell Phone:			Cell Phone:		
Email Address:			Email Address:		
Street Address:			Street Address:		
City, State, Zip:			City, State, Zip:		
Residential State:	Residential County:	School District:	Residential State:	Residential County:	School District:
<input type="checkbox"/> Someone else can claim you		<input type="checkbox"/> Full-time Student	<input type="checkbox"/> Blind	<input type="checkbox"/> Someone else can claim you	
<input type="checkbox"/> Full-time Student		<input type="checkbox"/> Blind	<input type="checkbox"/> Full-time Student		<input type="checkbox"/> Blind
Health Insurance:		<input type="checkbox"/> Jan <input type="checkbox"/> Feb <input type="checkbox"/> Mar <input type="checkbox"/> Apr	Health Insurance:		<input type="checkbox"/> Jan <input type="checkbox"/> Feb <input type="checkbox"/> Mar <input type="checkbox"/> Apr
<input type="checkbox"/> Full Year <b>OR</b>		<input type="checkbox"/> May <input type="checkbox"/> Jun <input type="checkbox"/> Jul <input type="checkbox"/> Aug	<input type="checkbox"/> Full Year <b>OR</b>		<input type="checkbox"/> May <input type="checkbox"/> Jun <input type="checkbox"/> Jul <input type="checkbox"/> Aug
		<input type="checkbox"/> Sep <input type="checkbox"/> Oct <input type="checkbox"/> Nov <input type="checkbox"/> Dec			<input type="checkbox"/> Sep <input type="checkbox"/> Oct <input type="checkbox"/> Nov <input type="checkbox"/> Dec
Was insurance acquired through the Marketplace (Obamacare)?			Was insurance acquired through the Marketplace (Obamacare)?		
<input type="checkbox"/> No <input type="checkbox"/> Yes: Provide 1095-A form from the Marketplace			<input type="checkbox"/> No <input type="checkbox"/> Yes: Provide 1095-A form from the Marketplace		
Documentation Required: Please submit as applies					
<input type="checkbox"/> Taxpayer ID Card		<input type="checkbox"/> Spouses ID Card		<input type="checkbox"/> Health Insurance forms 1095-B or 1095-C	<input type="checkbox"/> Marketplace Exemption Certificate (ECN)
Information for Payment of Tax Preparation and Other Fees					
I will pay my fees out of pocket:			Pay my fees from my tax refund <b>\$59.90 fee</b>		
<input type="checkbox"/> By cash <input type="checkbox"/> By credit card			<input type="checkbox"/> I would like to know more about a FREE refund advance.		
			<input type="checkbox"/> I would like to know more about a refund loan.		
Refund Advances/Loans Sent to You by:					
<input type="checkbox"/> Direct Deposit- Free		<input type="checkbox"/> Bank Check - Free		<input type="checkbox"/> Bluebird American Express Card <b>\$10</b>	
Audit Assistance and Identity Theft					
<input type="checkbox"/> I would like to add 3 years of Audit Assistance and one year of Identity Theft for only <b>\$64.95 fee</b> (\$159 value)					

Drop-off Sheet

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

Dependents			
<b>Dependent One</b>			
First Name:	MI:	Last Name:	SSN:
Relationship to Taxpayer/Spouse:	# of Months in Home:	DOB:	# of Months with Health Insurance: <input type="checkbox"/> Full Year or # ____
Was dependent in school full-time any 5 months? <input type="checkbox"/> Yes <input type="checkbox"/> No		Name of school:	
Is this dependent as a disabled adult? <input type="checkbox"/> No <input type="checkbox"/> Yes: Is there written documentation certifying the disability? <input type="checkbox"/> Yes <input type="checkbox"/> N/A			
Have you given permission for this dependent be claimed by another taxpayer for 2018 tax year? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is the custodial parent allowing you to claim this dependent? <input type="checkbox"/> N/A <input type="checkbox"/> Yes: attached signed form 8867 from custodial parent.			
Was child care paid for this dependent? <input type="checkbox"/> Yes <input type="checkbox"/> No	Name of Provider:		Amount paid during 2018:
<b>Dependent Two</b>			
First Name:	MI:	Last Name:	SSN:
Relationship to Taxpayer/Spouse:	# of Months in Home:	DOB:	# of Months with Health Insurance: <input type="checkbox"/> Full Year or # ____
Was dependent in school full-time any 5 months? <input type="checkbox"/> Yes <input type="checkbox"/> No		Name of school:	
Is this dependent as a disabled adult? <input type="checkbox"/> No <input type="checkbox"/> Yes: Is there written documentation certifying the disability? <input type="checkbox"/> Yes <input type="checkbox"/> N/A			
Have you given permission for this dependent be claimed by another taxpayer for 2018 tax year? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is the custodial parent allowing you to claim this dependent? <input type="checkbox"/> N/A <input type="checkbox"/> Yes: attached signed form 8867 from custodial parent.			
Was child care paid for this dependent? <input type="checkbox"/> Yes <input type="checkbox"/> No	Name of Provider:		Amount paid during 2018:
<b>Dependent Three</b>			
First Name:	MI:	Last Name:	SSN:
Relationship to Taxpayer/Spouse:	# of Months in Home:	DOB:	# of Months with Health Insurance: <input type="checkbox"/> Full Year or # ____
Was dependent in school full-time any 5 months? <input type="checkbox"/> Yes <input type="checkbox"/> No		Name of school:	
Is this dependent as a disabled adult? <input type="checkbox"/> No <input type="checkbox"/> Yes: Is there written documentation certifying the disability? <input type="checkbox"/> Yes <input type="checkbox"/> N/A			
Have you given permission for this dependent be claimed by another taxpayer for 2018 tax year? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is the custodial parent allowing you to claim this dependent? <input type="checkbox"/> N/A <input type="checkbox"/> Yes: attached signed form 8867 from custodial parent.			
Was child care paid for this dependent? <input type="checkbox"/> Yes <input type="checkbox"/> No	Name of Provider:		Amount paid during 2018:

I, \_\_\_\_\_ and \_\_\_\_\_

Verify that the answers contained in these drop-off sheet are true and accurate to the best of my knowledge.

Taxpayer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Spouse Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Client Consent to Use of Information

Taxpayer hereby consents to the use by ReVision Financial Solutions LLC of any and all tax return information contained in the taxpayer's federal income tax returns for the purpose of mailing, including electronic transmission, to the taxpayer information pertaining to tax tips, change to tax law, newsletters, upcoming seminars, workshops, podcasts, webinars, webcasts, and promotional announcements

The tax information may not be disclosed or used by ReVision Financial Solutions LLC for any purpose other than that permitted by this consent document.

This consent will be valid for a period of three years beginning on January 1, 2019 and expire on December 31, 2021.

Federal law requires this consent form be provided to you. Unless authorized by law, ReVision Financial Solutions LLC cannot disclose your tax return information to third parties for purposes other than the preparation and filing of your tax return without your consent. If you consent to the disclosure of your tax return information, Federal law may not protect your tax return information from further use or distribution.

You are not required to complete this form to engage ReVision Financial Solutions LLC's tax return preparation services. If we obtain your signature on this form by conditioning our tax return preparation services on your consent, your consent will not be valid. If you agree to the disclosure of your tax return information, your consent is valid for the amount of time that you specify. If you do not specify the duration of your consent, your consent is valid for one year from the date of signature.

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Print name here:

Spouse Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Print name here:

Preparer Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Print name here: Laurie Johnson

If you believe your tax return information has been disclosed or used improperly in a manner unauthorized by law or without your permission, you may contact the Treasury Inspector General for Tax Administration (TIGTA) by telephone at 1-800-366-4484, or by email at [complaints@tigta.treas.gov](mailto:complaints@tigta.treas.gov).

[www.MobileTax.Pro](http://www.MobileTax.Pro)

ReVision Financial Solutions LLC  
344 Rolling Hill Rd Suite 101C, Mooresville, NC 28117  
704-980-0899 ~ [MobileTax.Pro@mail.com](mailto:MobileTax.Pro@mail.com)

[www.MobileTax.Pro](http://www.MobileTax.Pro)

## Tax Preparation Engagement

### Tax Preparation Engagement

Tax Preparation services provided by ReVision Financial Solutions LLC (hereafter RFS) includes preparing the Client/Spouse (hereafter you/your) 2018 Federal and/or State tax return(s), and/or any prior year returns, based on the information you provide. Services do not include auditing or verification of information.

### Taxpayer Return Data

You verify that all information submitted for inclusion on the tax return, including names, social security numbers, date of births, dependent information, and income & expense amounts are accurate to the best of your knowledge.

### Return Filing

As the IRS holds you responsible for your tax return, you must review your return carefully for accuracy before signing. RFS will contact you within 24 hours if the electronic filing of your return is rejected. You agree that, in the event of a reject, you will work with RFS to correct the rejected return in a timely manner.

### Unpaid/Amended Refund Amount

If, for any reason, your refund is not released by the IRS, your refund amount is amended by the IRS, or your tax return is audited, you are responsible for paying outstanding or additional taxes. In this event, you are further responsible for all yet unpaid tax preparation fees.

### Scheduling Fee

You agree to pay a \$25.00 registration fee upon the submission of your tax documents for review and processing. You acknowledge that this fee is not refundable. The fee is payable via Cash or Credit Card.

### Engagement Termination

Tax Preparation is fulfilled upon the verbal review with you of the information contained on your completed tax return and the full tax preparation fee is considered earned at that time. However, this engagement extends and does not terminate until the delivery of your completed tax return to you, or through your file exchange web portal, either in print or by digital copy. Although RFS provides electronic filing of tax returns at no cost, the completion of electronic filing is not considered a part of this engagement.

### Client Consent

I acknowledge the above and authorize ReVision Financial Solutions LLC to prepare and file my tax return.

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Print name here: \_\_\_\_\_

Spouse Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Print name here: \_\_\_\_\_

Preparer Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Print name here: Laurie Johnson

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ReVision Financial Solutions LLC

344 Rolling Hill Rd Suite 101C, Mooresville, NC 28117

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