Phone #: 626-859-7456 Fax #: 626-859-7459 If Faxing or E-Mailing your paper work: Number of pages (including this form) _____

E-Mail:Roybal@roybaltax.com

Drop-Off & Mail In Form

Name of person who drop	Date of Drop-Off:					
W	Vhich tax prepai	rer do	you pre	fer? Circle or	ne:	
Bart	Craig	Roc	chelle	No Pref	erence/ Firs	t Available
Primary Tax Payer Info			Spouse I	Info		
Full Name			Full Nam	ne		
Last 4 digits of SSN	DOB		Last 4 dig	gits of SSN		DOB
Mailing Address			Mailing I	Address (if di	ifferent from t	ax payer)
City Sta	ate Zip	o Code	City		State	Zip Code
Phone Number			Phone N	umber		
E-Mail Address			E-Mail A	ddress		
Occupation Title			Occupati	ion Title		
Drivers License # (new client	or expired in 2020	")	Drivers L	icense # (new	v client or expir	ed in 2020)
Issue Date	Expiration Do	ate	Issue Dat	te	Ехр	iration Date
Marital Status - Single Married- Joint		Direct De	eposit Inform	nation for Refu	ınds:	
	lead of Household		If your account # is the same as last year, write only			
		l	the last fo	our digits here:	:	
Can anyone claim you as a dependent? Yes			Routing #	(if new):		
○ No		Account #:				
		Name of BanK:				
		ŀ	Checking	Account \bigcirc	OR Savings	Account (

!!IMPORTANT- PLEASE READ!! - IF INFORMATION IS LEFT BLANK, THE ENTRY WILL BE MADE THAT YOU RECEIVED THE FULL AMOUNT.

STIMULUS CHECK INFORMATION:

In 2020 the government issued two separate forms of stimulus checks as emergency relief funds in response to the Corona Virus pandemic. If you DID NOT receive these funds in the year 2020 and you qualified to receive them (income guidlines can be found on our website), you may be eligible to claim them on this year's tax return. **This is NOT taxable income!** The first stimuls was sent starting in April 2020. The second stimulus was sent starting December 2020- January 2021. **Please mark the following box that applies to you & fill in the amount received:**

	_	s check(s) did you The second o			_	
Amou		ck: \$ /	0	d check: \$	\$	
Dependents	<mark>: List the names</mark>	of ONLY the depe	<mark>ndents you can cla</mark>	aim & chec	<mark>ck the box next to</mark>	
	their n	ame if they are a f	<mark>ull time college st</mark>	<mark>udent.</mark>		
Name:	Student:	Relationship: (if nev	w) SSN: (if n	iew)	DOB: (if new)	
	\bigcirc					
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	0					
	0					
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	our home or own		ent Own			
			Household / Depe			
			College tuition (must provide 1098-T form)Paid student loan interest (1098-E form)			
Social Secur			Enrolled in a hea	•	•	
Retirement	•		Covered CA or the ϵ		•	
O Interest Inc	ome		provide 1095-A for	_		
Dividends			O Paid for child car	•	•	
OStock Sales			this box, list the na	-		
Self Employment Income			of the provider you use in the comments section on line 5 in order to get credit)			
.	om self employm	nent	on line 5 in order to	get credit)	
Rental PropMiscellaneou	•					
		nust provide final cl	osing cost statemer	nt)		
•	•	or to Jan. 1, 2020		- /		
•	ng winnings of \$6	•				

Roybal's Income Tax Service

We will of course contact you if we have any questions or suggestions regarding your income tax situation, however if you require a phone call from us to discuss questions or concerns that you have, please briefly list the items you would like to discuss, the best time to reach you, and the name of the preferred contact persons.

Yes, please call me to discuss the que	estions I have written below
Name of contact person:	Phone #:
Comments, questions, or notes you have for us:	
Your Signature:	Date:

By signing, you recognize that you have thoroughly read through this form and if items were left off after your final tax return has been completed, you may be subject to a re-print fee.

Thank you for your continued business! We are greatly appreciative of your patience as we navigate this new (temporary) way of conducting business in such uncertain times. We hope that you are all doing well and staying healthy.