

DROP-OFF FORM

Date of Drop-Off: _____

Please circle one: NEW CLIENT or RETURNING CLIENT

Please circle one: CURRENT TAX YEAR ONLY or MULTIPLE/PRIOR TAX YEARS

Please carefully read and fill out each line. If you are a new client, please include a copy of your tax returns from the last two years. If you are a returning client, we kindly ask that you provide us with your most current information to ensure everything in our system is correct.

	Taxpayer	Spouse
Full Name:		
Date of Birth:		
Social Security Number:		
Phone Number:		
Mailing Address:		
Email Address:		

If you will be claiming dependents on this return -- Please note that you must provide us with Proof of Residency for all dependents. We MUST have documentation that proves the dependent(s) reside at your address. Please complete the following section for every dependent you're claiming. (Continued on next page.)

Dependent's Full Name	Date of Birth	Social Security Number
1.		
2.		
3.		

Dependent's Full Name	Date of Birth	Social Security Number
4.		
5.		
6.		

Bank Information

(This is used for the direct deposit of refunds – PLEASE provide us with this information even if you will be using the same account as last year!)

Name of Bank: _____

Routing Number: _____

Account Number: _____

Account type: (Please circle one) ---- CHECKING or SAVINGS

Health Insurance

Did you receive health insurance coverage through MarketPlace Insurance, ObamaCare, or Healthcare.gov for any amount of time (even for just one day) throughout the year?

(Please circle one) ---- YES or NO

If you answered YES, be sure to include your 1095A form. Your tax return cannot be filed without it.

If you file a **Schedule C (small business)** with your return, did you receive an ERTC refund? If so, how much?

\$ _____