

LEAVE COPIES OF DRIVER'S LICENSE AND PROOF OF RESIDENCE WITH THE PEOPLE UP FRONT AS WELL AS DIRECT DEPOSIT INFO!

DROP OFF SHEET – INDIVIDUAL RETURNS

Date of Drop Off \_\_\_\_\_ New Client Y or N(circle)

NAME: \_\_\_\_\_

CURRENT ADDRESS \_\_\_\_\_

Phone \_\_\_\_\_

Cell \_\_\_\_\_

Email \_\_\_\_\_

SOCIAL SECURITY NUMBER \_\_\_\_\_

SPOUSE (IF MARRIED FILING JOINT OR MARRIED FILING SEPERATE) \_\_\_\_\_

SOCIAL SECURITY NUMBER OF SPOUSE \_\_\_\_\_  
DATE OF BIRTH FOR TAXPAYER \_\_\_\_\_

DATE OF BIRTH FOR SPOUSE \_\_\_\_\_

DEPENDENTS TO BE CLAIMED ON RETURN INCLUDING DATES OF BIRTH AND SOCIAL SECURITY NUMBERS. HAVE GIRLS AT FRONT DESK MAKE A COPY OF THE SOCIAL SECURITY CARD

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We MUST HAVE proof of residency on all children and any others that are being claimed as a dependent on your return. Have the person at the front desk make a copy of all proof you are dropping off.

Direct Deposits Info (if you want any refunds directly deposited to your account)

Name of Bank \_\_\_\_\_

Routing Number \_\_\_\_\_

Account Number \_\_\_\_\_

Checking      Savings (please circle one)

### STIMULUS INFORMATION

How much did your family receive in the Cares Stimulus Money

\$ \_\_\_\_\_ Leave a copy of the letter you received showing the amount received.

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### INSURANCE INFO

1. Did you have insurance coverage through the Healthcare Marketplace (Obamacare)? No \_\_\_ Yes. If no, circle the No, if yes we MUST have the form 1095A from the marketplace

If you own a small business and file a Schedule C, did you receive any proceeds from the Cares Act PPP loan? Yes or No (circle)

If so, how much? \_\_\_\_\_

\_\_\_\_\_

How much was used for wages \_\_\_\_\_

Rent \_\_\_\_\_

Utilities

Mortgage Interest on business building

Has it been or will the amount be forgiven?