

**MICHELE'S TAX OFFICE LLC. | Drop Off Form**

**Date Dropped Off:** \_\_\_\_\_

**Status:**

- ☐ New
- ☐ Returning
- ☐ Parents Claiming

**Filing Status:**

- ☐ Single
- ☐ Married/Jointly
- ☐ Married/Separate
- ☐ Head of Household
- ☐ Dependent

**CONTACT INFORMATION:**

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

NAME: \_\_\_\_\_ DOB: \_\_\_\_\_ SSN: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_

SPOUSE: \_\_\_\_\_ DOB: \_\_\_\_\_ SSN: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_

**DRIVERS LICENSE:** *Needed for E-Filing (MANDATORY)*

DRIVER LICENSE NUMBER: \_\_\_\_\_ ISSUE STATE: \_\_\_\_\_

EFFECTIVE DATE: \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_

**LOCATION:**

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_

STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

SCHOOL DISTRICT: \_\_\_\_\_ MUNICIPALITY: \_\_\_\_\_

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**DEPENDANTS**

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

DOB: \_\_\_\_\_ SSN: \_\_\_\_\_

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

DOB: \_\_\_\_\_ SSN: \_\_\_\_\_

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

DOB: \_\_\_\_\_ SSN: \_\_\_\_\_

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

DOB: \_\_\_\_\_ SSN: \_\_\_\_\_

**BANK INFORMATION: \*(MANDATORY)**

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

ROUTING NUMBER: \_\_\_\_\_

ACCOUNT NUMBER: \_\_\_\_\_

CHECKING: \_\_\_\_\_ SAVINGS: \_\_\_\_\_

*\*If you have a refund, do you want your preparation fee to come out of your refund?*

Yes \_\_\_\_\_ No \_\_\_\_\_

**HEALTH INSURANCE:**

DO YOU HAVE HEALTH INSURANCE: YES \_\_\_\_\_ NO \_\_\_\_\_

1095A FORM: Yes \_\_\_\_\_ (Gov. Insurance)

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**WRITE OFFS & EXPENSES:**

UNION DUES: \_\_\_\_\_ WORK CLOTHES: \_\_\_\_\_

SMALL TOOLS: \_\_\_\_\_

ADDITIONAL WORK EXPENSES: *(Rentals, Office Space, Supplies, Travel, Mileage, etc..)*

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**ADDITIONAL TAX INFORMATION**

**QUESTIONS/MESSAGES FOR MICHELE?**