

MICHELE'S TAX OFFICE LLC. | Drop Off Form

Date Dropped Off:_____

Status: () New () Returning () Parents Claiming

Filing: () Single () Married/Jointly () Married/Separate () HoH () Dependent

Phone Number:_____ **Email:**_____

PRIMARY INFORMATION:

NAME:_____ **DOB:**_____

SSN:_____ **OCCUPATION:**_____

DRIVER'S LICENSE: *Needed for E-Filing (MANDATORY)*

DRIVER LICENSE NUMBER: _____ **ISSUE STATE:** _____

EFFECTIVE DATE: _____ **EXPIRATION DATE:** _____

SPOUSE INFORMATION:

SPOUSE:_____ **DOB:**_____

SSN:_____ **OCCUPATION:**_____

DRIVER'S LICENSE: *Needed for E-Filing (MANDATORY)*

DRIVER LICENSE NUMBER: _____ **ISSUE STATE:** _____

EFFECTIVE DATE: _____ **EXPIRATION DATE:** _____

LOCATION:

ADDRESS: _____ **CITY:** _____ **STATE:** _____

ZIP CODE: _____ **SCHOOL DISTRICT:** _____ **MUNICIPALITY:** _____

MICHELE'S TAX OFFICE LLC. | Drop Off Form

DEPENDANTS

NAME: _____ RELATIONSHIP: _____

DOB: _____ SSN: _____

NAME: _____ RELATIONSHIP: _____

DOB: _____ SSN: _____

NAME: _____ RELATIONSHIP: _____

DOB: _____ SSN: _____

NAME: _____ RELATIONSHIP: _____

DOB: _____ SSN: _____

BANK INFORMATION: *(MANDATORY)

BANK NAME: _____ () CHECKING () SAVINGS

ROUTING NUMBER: _____ ACCOUNT NUMBER: _____

HEALTH INSURANCE:

DO YOU HAVE HEALTH INSURANCE: YES X NO

1095A FORM: Yes_____ (Gov. Insurance)

WRITE OFFS & EXPENSES:

UNION DUES: _____ WORK CLOTHES: _____

SMALL TOOLS:	ADDITIONAL <i>(Rentals, Office Space, Supplies, Travel, Mileage, etc..)</i>

ADDITIONAL TAX INFORMATION OR QUESTIONS

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