

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: _____

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DEPENDANTS

NAME: _____ RELATIONSHIP: _____

DOB: _____ SSN: _____

BANK INFORMATION: *(MANDATORY)

BANK NAME: _____ CHECKING SAVINGS

ROUTING NUMBER: _____ ACCOUNT NUMBER: _____

HEALTH INSURANCE:

DO YOU HAVE HEALTH INSURANCE: YES NO _____

1095A FORM: Yes _____ (*Gov. Insurance*)

WRITE OFFS & EXPENSES:

UNION DUES: _____ WORK CLOTHES: _____

SMALL TOOLS: _____ ADDITIONAL (*Rentals, Office Space, Supplies, Travel, Mileage, etc..*)

ADDITIONAL TAX INFORMATION OR QUESTIONS