

MICHELE'S TAX OFFICE LLC.

Date Dropped Off: _____

CHECK LIST FOR DROP-OFF TAX RETURNS

New: _____ Returning: _____ Filing Status: _____ Parents Claiming: _____

NAME: _____ DOB: _____ SSN: _____ OCCUPATION: _____

SPOUSE: _____ DOB: _____ SSN: _____ OCCUPATION: _____

ADDRESS: _____

SCHOOL DISTRICT: _____ MUNICIPALITY: _____

TELEPHONE NUMBER: _____

CHILDREN: NAME: _____

DOB: _____ SSN: _____

CHILDREN: NAME: _____

DOB: _____ SSN: _____

CHILDREN: NAME: _____

DOB: _____ SSN: _____

CHILDREN: NAME: _____

DOB: _____ SSN: _____

2020 STIMULAS AMOUNT: _____ 2021 STIMULAS AMOUNT: _____

BANK INFORMATION: (IN THE EVENT YOU HAVE A REFUND AND WANT IT DIRECT DEPOSITED)

BANK NAME: _____

ROUTING NUMBER: _____ ACCT NO: _____

CHECKING: _____ SAVINGS: _____

(IF REFUND) DO YOU WANT FEES TO COME OUT OF YOUR REFUND: YES _____ NO _____

HEALTH INSURANCE: YES _____ NO _____ 1095A FORM: _____ (GOVT. INSURANCE)

UNION DUES: _____ WORK CLOTHES: _____ SMALL TOOLS: _____

ADDITIONAL WORK EXPENSES: _____

DRIVERS LICENSE IS NEED FOR E-FILING:

DRIVER LICENSE NUMBER: _____ ISSUE STATE: _____

EFFECTIVE DATE: _____ EXPIRATION DATE: _____

MICHELE'S TAX OFFICE LLC.

ADDITIONAL INFORMATION

QUESTIONS/MESSAGE FOR MICHELE?
