

MICHELE'S TAX OFFICE LLC. | Drop Off Form

Date Dropped Off: _____

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

CONTACT INFORMATION:

Phone Number: _____ Email: _____

NAME: _____ DOB: _____ SSN: _____

OCCUPATION: _____

SPOUSE: _____ DOB: _____ SSN: _____

OCCUPATION: _____

DRIVERS LICENSE: *Needed for E-Filing*

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

DEPENDENTS

NAME: _____ RELATIONSHIP: _____

DOB: _____ SSN: _____

NAME: _____ RELATIONSHIP: _____

DOB: _____ SSN: _____

NAME: _____
_____ RELATIONSHIP: _____

DOB: _____ SSN: _____

NAME: _____
_____ RELATIONSHIP: _____

DOB: _____ SSN: _____

BANK INFORMATION: *In the event you have a refund & want it directly deposited into your account.

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)

MICHELE'S TAX OFFICE LLC. | Drop Off Form

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?