

MICHELE'S TAX OFFICE LLC. | Drop Off Form

Date Dropped Off:

- New
- Returning

CONTACT INFORMATION:

PHONE NUMBER	EMAIL

FULL NAME	DOB	SSN	OCCUPATION
DRIVERS LICENSE #	ISSUE STATE	EFFECTIVE DATE	EXPIRATION DATE

SPOUSE NAME	DOB	SSN	OCCUPATION
DRIVERS LICENSE #	ISSUE STATE	EFFECTIVE DATE	EXPIRATION DATE

Filing Status:

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

HEALTH INSURANCE:

- Yes
- No
- Yes, Marketplace (1095A Form)

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LOCATION:

ADDRESS	CITY	STATE	ZIP CODE

SCHOOL DISTRICT	MUNICIPALITY

DEPENDENTS:

FULL NAME	DOB	SSN	RELATIONSHIP
FULL NAME	DOB	SSN	RELATIONSHIP
FULL NAME	DOB	SSN	RELATIONSHIP
FULL NAME	DOB	SSN	RELATIONSHIP

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

BANK NAME	ROUTING NUMBER	ACCOUNT NUMBER

- New
- Returning
- Mail Check

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

- Yes
- No

WRITE OFFS & EXPENSES:

UNION DUES	WORK CLOTHES	SMALL TOOLS
ADDITIONAL WORK EXPENSES: <i>(Rentals, Office Space, Supplies, Travel, Mileage, etc..)</i>		

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ADDITIONAL TAX INFORMATION

QUESTIONS/MESSAGES?