

DROP OFF CHECKLIST - Today's Date _____

NEW CUSTOMER _____ RETURNING CUSTOMER _____

Filing Status: Single _____ Head of Household _____ Married Joint _____ Married Filing Separately _____

NAME: _____ SPOUSE NAME: _____

ADDRESS: _____ CITY: _____ STATE: _____

PHONE # _____ Cell: _____

EMAIL: _____ Can we send you emails if needed _____

INFORMATION NEEDED

NEW CUSTOMER

1. COPY OF DRIVERS LICENSE or STATE ID for you and SPOUSE
2. SOCIAL SECURITY CARD for you and SPOUSE
3. CAN SOMEONE ELSE CLAIM YOU AS A DEPENDENT
4. If you had HEALTH CARE COVERAGE, we need a copy of 1095A

BANK INFORMATION FOR REFUNDS MAKE YOUR PAYMENTS & DATE WITHDRAWN

BANK NAME: _____

ROUTING # _____

ACCOUNT # _____

LSI Accounting - TAX PREPARER'S: HARLAN PAM BRANDY NICOLE

DEPENDENTS

YES NO

If YES did the dependents live with you for the entire year

Copies of Social Security Cards and dependents full name and Date of Birth Given

1)SSN: _____ DOB: _____ Name: _____

2)SSN: _____ DOB: _____ Name: _____

3)SSN: _____ DOB: _____ Name: _____

4)SSN: _____ DOB: _____ Name: _____

COPIES NEEDED

W-2S 1099'S RETIREMENT, DIVIDEND, INTEREST, UNEMPLOYMENT, GAMBLING,
PINK SOCIAL SECURITY ANNUAL BENEFIT STATEMENT

ARE YOU USING ANY VIRTUAL CURRENCY? (XRP, CRYPTO, BITCOIN ETC) YES NO

ARE YOU SELF EMPLOYED? If so, please include business name, type of business and all income/expenses
DO YOU HAVE ANY RENTAL PROPERTIES? If so, please include addresses for each along with all income/expenses.