



**2024 Tax Year DROP-OFF CHECKLIST**

Drop Off Date: \_\_\_\_\_

**Name:** \_\_\_\_\_ **Spouse Name:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **Spouse Phone Number:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Spouse Email:** \_\_\_\_\_

**Preferred Contact Method:** Text \_\_\_ Call \_\_\_ Email \_\_\_

**Preferred Tax Professional:** First Available \_\_\_ Specific Preparer: \_\_\_\_\_

**When would you like your tax return to be ready?** Within 1 week \_\_\_ Within 2 weeks \_\_\_ No rush \_\_\_

**How do you want to receive the summary of your tax return when it's done and ready for you to pick up?**

Text message \_\_\_ Phone call/voicemail \_\_\_ Email \_\_\_ Appointment with preparer \_\_\_

**CLIENT INFORMATION**

**Previous clients: Any changes from last year?** Y \_\_\_ N \_\_\_ (if yes, please enter changes below)

**Physical Address:** \_\_\_\_\_ **Date Moved:** \_\_\_\_\_

**City, State, Zip:** \_\_\_\_\_

**Marital Status:** Single \_\_\_ Married \_\_\_ Widowed \_\_\_

**Date of Birth:** \_\_\_\_\_ **Spouse Date of Birth:** \_\_\_\_\_

**SSN# or ITIN:** \_\_\_\_\_ **Spouse SSN# or ITIN:** \_\_\_\_\_

**Can you be claimed as a dependent by someone else?** Y \_\_\_ N \_\_\_

**DEPENDENTS\*** (or person living in your household that you are eligible to claim)

Name	Relationship	Date of Birth	SSN# or ITIN	# of Months Lived With You	Full-Time Student?

\* If any dependents listed did not live at the primary taxpayer's address the entire year, please discuss this with your tax professional. This is critical to help us help you accurately report your residency and dependency to the taxing authorities.

**Refund Method Preferred:** Check mailed to home \_\_\_ Direct Deposit \_\_\_ Debit Card\* \_\_\_

If Direct Deposit selected, enter current account information:

**Routing Number:** \_\_\_\_\_ **Account Number:** \_\_\_\_\_ **Checking** \_\_\_ **Savings** \_\_\_

**Are you interested in the Preparer Fees being taken out of the refund, if applicable?** Y\* \_\_\_ N \_\_\_

\*additional \$39 fee may apply

I certify the information I provided on this form is true and correct. I understand that any false statements or deliberate omissions may subject me to legal actions for fraudulent misrepresentation. X \_\_\_\_\_

