



2023 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 _____

