



2019 Tax Year DROP-OFF CHECKLIST

Drop Off Date: _____

*Name: _____ Spouse Name: _____

*Phone Number: _____ Spouse Phone Number: _____

Preferred Contact Method: Email ____ Phone ____

Email: _____ Spouse Email: _____

What date would you like for your return to be ready? _____

Tax Return Pick Up Method: Follow-up Appointment with Preparer ____ Pick up in Office ____

Do you have a preferred Tax Professional? (if yes, please provide name): _____

CLIENT INFORMATION (Previous clients - enter any **CHANGES** from last year):

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 ____

Are you an active member or the spouse/dependent of an active member of the military? Y ____ N ____

DEPENDENTS* (or person living in your household)

Name	Relationship	Date of Birth	SSN# or ITIN	Full-Time Student	Disabled?

* 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 tax authorities.

Refund Method Preferred: Check mailed to home ____ Pick up check ____ Direct Deposit ____

If Direct Deposit selected, enter current account information (if changed from last year):

Routing Number: _____ Account Number: _____ Checking ____ Savings ____

Are you interested in the Preparer Fees taken out of the refund, if applicable? Y ____ N ____

*additional fees of \$39-\$59 will apply

