

## 2020 Tax Year DROP-OFF CHECKLIST

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

Name:		Spot	ıse Name:			
Phone Number:		Spo	Spouse Phone Number:			
Email:			Spouse Email:			
Preferred Contact Metho	<b>d:</b> Text Call	Email				
When would you like for yo	ur tax return to b	e ready? Within	48 hours Within	1 week No rush _		
Tax Return Pick Up & Sign	Method: In-Office	Online*	(*please provide em	ail address)		
Do you have a preferred Ta	x Professional? (	if yes, please pro	vide name):			
***Amount received for t	he Economic St	imulus Payme	nts: 1 <sup>st</sup>	2 <sup>nd</sup> :		
CLIENT INFORMATION	ON					
Previous clients: Any ch	anges from last	year? Y N_	(if yes, please	enter them below)		
Physical Address: Date Moved:						
City, State, Zip:						
Marital Status: Single M	larried Widov	ved				
Date of Birth:		Spouse	Date of Birth:			
SSN# or ITIN:		Spouse	SSN# or ITIN:			
Can you be claimed as a dep	endent by someon	e else? Y N_				
DEPENDENTS* (or person livi	ng in your household)					
Name	Relationship	Date of Birth	SSN# or ITIN	Full-Time Student	Disabled?	
* If any dependents listed did not professional. This is critical to he						
Refund Method Preferred: (	Check mailed to I	home Direc	t Deposit Debi	it Card*		
If Direct Deposit selected, en	ter current account	information:				
Routing Number:	Account Num		er: Checking Savings		ngs	
Are you interested in the Pr *additional \$39 fee may apply		g taken out of th	e refund, if applica	uble? Y* N		



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Income: (Check all that apply & include documents)		Expenses: (Check all that apply & include documents)			
Employer (W-2) Self-Employment (or 1099-NEC)* Unemployment (1099-G) Social Security (SSA-1099) Retirement plan distribution* (1099-R) Interest (1099-Int) Dividends (1099-Div) Stock or Mutual Fund sale (1099-B) Rental Property*		Self-Employment*Un-reimbursed by employerEducationMedical/Dental CareUnion DuesRental Property*			
Credits & Deductions: (Check all that apply & include documents)		Health Insurance: (Check all that apply & include documents)			
Donate cash or goods to a charity? Pay Student Loan interest? Pay Child/Dependent Care expense? Have a Mortgage Payment (1098) Make an IRA Contribution? Make a major taxable purchase? Pay Property Taxes? Make an HSA Contribution?		Were you or any members of your household: Covered by a qualified employer, private or other health insurance plan? Enrolled in a health insurance plan through Government marketplace/Healthcare.gov?			
Miscellaneous: (Check all that apply & include documents)  Sell a home? Pay/Receive alimony? Adopt a child? Suffer catastrophic loss? Have gambling winnings/losses? Change in marital status? Have major home improvements?	Pro	nis applies, we recommend you talk with your Tax fessional to discuss your tax situation before your return is prepared.			
TELL US ABOUT YOUR YEAR: We want to find as many credits & deductions that we can. Here are some examples Bought property. Installed energy efficient windows. Had a child. Also include any details on address changes and dates moved, new children, etc.					