



## 2020 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 ☐

When would you like for your tax return to be ready? Within 48 hours ☐ Within 1 week ☐ No rush ☐

Tax Return Pick Up & Sign Method: In-Office ☐ Online\* ☐ (\*please provide email address)

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

\*\*\*Amount received for the Economic Stimulus Payments: 1<sup>st</sup> \_\_\_\_\_ 2<sup>nd</sup>: \_\_\_\_\_

### CLIENT INFORMATION

Previous clients: Any changes from last year? Y ☐ N ☐ (if yes, please enter them 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)

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 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

