

2024 Tax Year DROP-OFF CHECKLIST

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 b	ready? Within 1 week Within 2 weeks No rush
How do you want to receive the summar	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	st year? Y N (if yes, please enter changes below)
Physical Address:	Date Moved:
City, State, Zip:	
Marital Status: Single Married W	
Date of Birth:	Spouse Date of Birth:
SSN# or ITIN:	Spouse SSN# or ITIN:
Can you be claimed as a dependent by som	one else? Y N
DEPENDENTS* (or person living in your househousehouse)	d that you are eligible to claim)
Name Relationship	Date of Birth SSN# or ITIN # of Months Full-Time Lived With You Student?
	v taxpayer's address the entire year, please discuss this with your tax urately report your residency and dependency to the taxing authorities.
Refund Method Preferred: Check mailed	o home Direct Deposit Debit Card*
If Direct Deposit selected, enter current acc	
Routing Number:	ccount Number: Checking Savings
Are you interested in the Preparer Fees to *additional \$39 fee may apply	ring taken out of the refund, if applicable? Y* N
I certify the information I provided on this for omissions may subject me to legal actions f	n is true and correct. I understand that any false statements or deliberate fraudulent misrepresentation. X



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Drop Off Date:	
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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 CareRental 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? 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? Purchase electric vehicle? Sell or use virtual currency (Bitcoin.)?	* If this applies, we recommend you talk with your Tax Professional to discuss your tax situation before your tax 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.		