

**CLIENT DROP-OFF CHECKLIST**

**Date Dropped Off** \_\_\_\_\_

*Please include the Checklist of Itemized Deductions (if you want to itemize) and this form with all your tax documentation that is dropped off at our office.*

**Marital Status:** \_\_\_ Single \_\_\_ Married \_\_\_ Divorced \_\_\_ Separated

**Taxpayer Name:** \_\_\_\_\_ **Spouse Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Daytime Phone Number:** \_\_\_\_\_

**Do you have the same dependents as in 2015?** ( ) Yes ( ) No

If No, need a copy of new dependents social security card and date of birth.

**If you are entitled to a refund, do you want it Direct Deposited?** ( ) Yes ( ) No

If Yes, attach a copy of a voided check

**Did you pay any estimated taxes?** ( ) Yes ( ) No

If Yes, list dates and amount paid.

\_\_\_\_\_

**Out of State Purchases** \_\_\_\_\_

**INCOME**

**Ordinary Income:** W-2 Forms, 1099 Forms

**Business, Rental and Farm Income:** If you have income from a sole proprietorship (not a partnership or corporation), rental property, or farm please list income and all expenses on a separate sheet of paper. We require you bring your mileage log to be able to deduct business mileage. Please be aware that IRS requires documentation of all expenses and income

**Other income:**

**Did you receive non-taxable Veterans Disability or SSI?** ( ) Yes ( ) No

**Did you have any income not listed above or not reported to you on a W-2, 1099 or other forms?** Some Examples: Alimony, gambling winnings, interest or dividends not reported on 1099, sale of personal property, jury duty pay

( ) Yes ( ) No If Yes, list type of income and amount.

\_\_\_\_\_

**INSURANCE:** If insured must have Form 1095's or other proof of insurance coverage for everyone in household.

**ADJUSTMENTS AND CREDITS**

**Education Credit:** Need 1098T for you or your dependent who attended college

**If you Paid Alimony:** Amount \_\_\_\_\_ To \_\_\_\_\_ SS# \_\_\_\_\_

**Amount Contributed to an IRA** \_\_\_\_\_

**Student Loan Interest** \_\_\_\_\_

**Child Care Paid** \_\_\_\_\_ **Name of Child** \_\_\_\_\_

**Name, Address, and TIN of Daycare Provider** \_\_\_\_\_

**Did you install, in your principal residence, any insulation, heat/air unit, exterior windows or doors, roof or hot water heater that met energy efficient standards?** ( ) Yes ( ) No

\_\_\_\_\_