

Drop-Off

Tax Pro Selection:

First Available

Specific Tax Pro:

Date of drop-off:

① Primary Taxpayer

Full Name

Social Security # / ITIN

Date of Birth

Street Address

City

State

ZIP

Email

Follow-up method

Secure Messenger Phone

Phone #

Occupation(s)

Marital Status? Single Married Widowed

Are you active in the military? Yes No

Is anyone claiming you as a dependent? Yes No

Would you like to designate *3 to the Presidential Election Campaign Fund? Yes No

② Your Spouse

Full Name

Social Security # / ITIN

Date of Birth

Street Address

City

State

ZIP

Email

Follow-up method

Secure Messenger Phone

Phone #

Occupation(s)

Are you active in the military? Yes No

Is anyone claiming you as a dependent? Yes No

Would you like to designate *3 to the Presidential Election Campaign Fund? Yes No

③ Dependents

If any dependents listed did not live at the primary taxpayer's address the entire year, please discuss this with your tax professional.

Name	Relationship	DOB	SSN / ITIN	Full-Time Student?	Disabled?
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No



4 Your Year

Tell us about your year, so we can find as many credits and deductions as we can. (ex.: bought property, had a child, installed energy efficient windows, etc.)

5 Your Tax Situation

Please select all that apply to you or your spouse:

Income Sources

- Employer (W-2)
- Unemployment
- Social Security (SSA-1099)
- Retirement plan distribution
- Interest (1099-Int)
- Dividends (1099-Div)
- Stock or mutual fund sale (1099-B)
- Self-employment / miscellaneous income
- Expenses from self-employment
- Rental property

Itemizations

- Donated cash or goods to a charity
- Made a major taxable purchase
- Had a mortgage payment (1098)
- Paid property taxes
- Large out-of-pocket medical expenses

Household / Dependents

- Change in family or marital status
- Adopted a child
- Paid child / dependent care expenses
- Tuition (1098-T) and education expenses
- Paid student loan interest
- Enrolled in a health insurance plan through the federal or state marketplace (1095-A)
- HSA contribution

Miscellaneous

- Sold a home
- Paid / received alimony
- Lived in a federally declared disaster area
- Had gambling winning / losses
- Made an IRA contribution

When would you like your return completed by?

Allow for at least 48 hours.

TAX PROFESSIONAL OR CSP: COMPLETE THE SECTION BELOW.

Taxpayer ID Type	Exp. Date	Spouse ID Type	Exp. Date
Taxpayer ID Number		Spouse ID Number	
Place of issuance, if any		Place of issuance, if any	
Date of issuance, if any		Date of issuance, if any	

- Privacy Policy CSA RT Consent to Use

ENTERED INTO WORKCENTER

How will the client review their return?

- Approve Online Return to Office

Appointment Date _____