

**Drop Off Form (Returning Clients 2024)**

Today's Date \_\_\_\_\_

Taxpayer Name \_\_\_\_\_

Spouse Name \_\_\_\_\_

Phone Number \_\_\_\_\_

Spouse Phone \_\_\_\_\_

EMAIL address: \_\_\_\_\_

Spouse Email: \_\_\_\_\_

**\*\*Address Change? (Yes or No)**

If **YES**, please fill out new address:

Number, Street, Apt \_\_\_\_\_

City and Zip \_\_\_\_\_

**\*\*Change in Filing Status? (Yes or No):**

If **YES**, please choose: Single Married filing Jointly Married filing Separately Head of Household

If change in filing status due to **NEW** spouse:

Name \_\_\_\_\_

Date of birth \_\_\_\_\_

SSN \_\_\_\_\_

Driver's License: (see below)

**\*\*Change in Dependents? (Yes or No) Let us know if you are NO LONGER claiming a child.**

If **new dependent**, please fill out dependent info:

Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

SSN \_\_\_\_\_

**\*\*New Bank Account? (Yes or No or N/A) (for direct deposit or direct debit, if applicable)**

If **YES**, please fill out new account info:

Bank Name \_\_\_\_\_ Checking or Savings (circle one)

Routing # \_\_\_\_\_

Account # \_\_\_\_\_

1. Was anybody covered through the **Marketplace (Obamacare)**? (Yes or No) If **YES**, we need **form 1095A**.
2. Did you receive, sell, or exchange any **cryptocurrency** (e.g., dogecoin)? (Yes or No). If you sold, we need info.
3. Do any of the following apply? If none apply, you can write NO: \_\_\_\_\_
  - a. Teacher Deduction (Yes or No) (**Only for K-12 teachers**) How much (up to \$300)? \_\_\_\_\_
  - b. IRA contributions (does **NOT include** retirement plans thru work) (Yes or No)  
Taxpayer contribution \$ \_\_\_\_\_ Spouse contribution \$ \_\_\_\_\_ (**Roth or Traditional**)
  - c. Out-of-pocket College expenses for you or dependents? (Yes or No) If **yes**, we need form(s) **1098-T**
  - d. Student Loan Interest paid in 2024? (Yes or No) If **yes**, we need form **1098-E**
  - e. Home **ENERGY** improvements? (Yes or No) If **yes**, please provide information.
  - f. Purchased Qualifying Electric Vehicle or **Plug-in Hybrid**? (Yes or No) If **yes**, please provide info.
  - g. Did you pay for **childcare**? (Yes or No) If **yes**, please provide form from provider
4. Did You **RENEW** or get a **NEW** driver's license since last year (or since we last prepared your return)? (Yes or No) If **YES**, please provide updated license information below:

**Taxpayer**

DL# \_\_\_\_\_

State \_\_\_\_\_

Issue Date \_\_\_\_\_

Exp Date \_\_\_\_\_

**Spouse**

DL# \_\_\_\_\_

State \_\_\_\_\_

Issue Date \_\_\_\_\_

Exp Date \_\_\_\_\_

ADDITIONAL

NOTES/INFORMATION: \_\_\_\_\_