Drop Off Form

TAXPAYER SPOUSE

**NAMES \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** \_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SOCIALS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**BDAYS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**CURRENT ADDRESS:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PHONE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** \_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EMAIL:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** \_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**OCCUPATION(S):\_\_\_\_\_\_\_\_\_\_\_\_ \_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**FILING STATUS** SINGLE MARRIED FILING JOINTLY MARRIED FILING SEPARATELY

QUALIFYING WIDOW(ER) HEAD OF HOUSEHOLD

**DEPENDENTS:**

**DEPENDENTS**  \*IF NEW DEPENDENT-ADD SOCIAL SECUIRTY and BDAY

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \*SSN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \*SSN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \*SSN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

LIST ANY DEPENDENTS CLAIMED LAST YEAR THAT YOU ARE NO LONGER CLAIMING \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

BANK INFORMATION BANK NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­\_\_

FOR DIRECT DEPOSIT

ROUTING NUMBER \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ACCOUNT NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TYPE: CHECKING SAVINGS

PLEASE PROVIDE COPIES OF DRIVER LICENSE

DID YOU HAVE

INSURANCE FROM MD YES – NEED 1095A FORM! NO

HEALTH EXCHANGE?

DID YOU BUY OR SELL

ANY VIRTUAL CURRENCY YES – NEED PURCHASE VALUE/SALE VALUE NO

(LIKE BITCOIN)?

**Items to Provide for Tax Preparation**

|  |  |
| --- | --- |
| **Item to Provide** | **Form** |
| Drop Off Form and Signed Engagement Letter |  |
| Amount of Economic Stimulus Payment Received in 2020 |  |
| Wage Statements | W-2 or 1099-NEC |
| Pension and Retirement Income | 1099-R |
| IRA Distributions | 1099-R |
| Social Security | SSA-1099 |
| Railroad Retirement | RRB-1099 |
| Unemployment Income | 1099-G |
| State Refund Amount | 1099-G |
| Interest and Dividend Income | 1099-INT or 1099-DIV |
| Self-Employed Business Income and Expenses | Summarized |
| Brokerage Year End Tax Statement | 1099-B |
| Lottery or Gambling Winnings and Loses | W-2G |
| Income from Partnerships & Corporations, Trusts, and Estates | Schedule K-1 |
| Mortgage or Home Equity Loan Interest Paid | 1098 |
| Student Loan Interest | 1098E |
| Tuition Statements | 1098T |
| Withdrawals from 529 College Plans | 1099-Q |
| IRA Contributions | Form 5498 |

|  |
| --- |
| **Other Items** |
| Alimony Paid or received + Date of Divorce Decree |
| Records of Purchase, Sale or Refinance of a House  (Closing Disclosure/Settlement Package) |
| Medical and Dental Expenses |
| Real Estate and Personal Property Taxes (If not on mortgage statement) |
| Estimated Tax Payments – Fed/State/Amount/Date Paid |
| Cash and Non-Cash Charitable Donations |
| Childcare Expenses and Provider Information (Provider Info, ID#, Phone#, Total $ Paid for Year) |
| Unreimbursed Employment Related Expenses **(PA only)** |