

DROP OFF WORKSHEET

Existing clients please notate any changes below

Date: _____ PHONE Day: _____ Night: _____

Preferred Tax Professional: _____

Name	Soc. Sec. #	DOB	Occupation	Pres. Campaign Fund
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Husband: _____

Wife: _____

Address: _____

Filing Status:

Single___ Married Filing Joint___ Married Filing Separate___ Head of Household___ Qualifying Widow(er) ___

Dependents

Full Name	Soc. Sec. #	DOB	Relationship	Lived With You
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Income:

W-2___ Interest___ Dividends___ Alimony Received___ State Income Tax Refund___ 1099___

Self Employed Income___ Sale of Stock___ Pension___ Rental Income___ Unemployment___ Jury Duty___

Social Security Income___ Prizes or Awards___ W-2G (Gambling Winnings) ___ Sale or Loss of Home___

Estimated Payments? ___ Date: _____ Amount: _____ Date: _____ Amount: _____

Date: _____ Amount: _____ Date: _____ Amount: _____

Child Care (provider name, address, and EIN or Social Security #) _____

Educator Expenses___ Moving Expenses___ Alimony paid___ IRA Contribution___ Student Loan___

Education Expenses___ Did you itemize last year? ___

Please provide copies of mortgage statement, vehicle registrations, job expenses, gambling loses, charitable contributions (cash and donated items), and tax preparation fees.

FOR FASTER RECEIPT OF REFUND, PLEASE LEAVE A VOIDED CHECK FOR IRS DIRECT DEPOSIT OF REFUND.