



# Tax Return Drop Off Sheet

This sheet must be filled out as completely as possible

**Date of Drop Off** \_\_\_\_\_

Returning Client \_\_\_\_ New Client \_\_\_\_ Referred by \_\_\_\_\_

Is last year's tax return available? Yes \_\_\_\_ No \_\_\_\_

What tax years are we preparing? 2023 \_\_\_\_ 2022 \_\_\_\_ 2021 \_\_\_\_ 2020 \_\_\_\_ 2019 \_\_\_\_ 2018 \_\_\_\_ 2017 \_\_\_\_

**If filing 2020**, how much did you receive for the first and second stimulus?

1st: \_\_\_\_\_ 2nd: \_\_\_\_\_

**If filing 2021**, how much did you receive for the third stimulus and Advanced Child Tax Credit?

3rd: \_\_\_\_\_ ACTC: \_\_\_\_\_

## How are you filing?

Long Form \_\_\_\_ Short Form \_\_\_\_ 1120 C Corp \_\_\_\_ 1120 Sub S \_\_\_\_ 1065 Partnership \_\_\_\_ Not Sure \_\_\_\_

Single \_\_\_\_ Married \_\_\_\_ Head of House \_\_\_\_ Married Filing Separately \_\_\_\_

Can you be claimed as a dependent by someone else? Yes \_\_\_\_ No \_\_\_\_

Are you or your spouse an active member of the military? Yes \_\_\_\_ No \_\_\_\_

<b>Client Name:</b>	<b>Spouse Name:</b>
<b>Occupation:</b>	<b>Occupation:</b>
<b>Social Security #</b>	<b>Social Security #</b>
<b>Client Date of Birth:</b>	<b>Spouse Date of Birth:</b>
<b>Cell Phone</b>	<b>Cell Phone</b>
<b>Email</b>	<b>Email</b>

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

**City, State, & Zip:** \_\_\_\_\_

What is the best method of contact? Phone call \_\_\_\_ Email \_\_\_\_ Text \_\_\_\_

What is the best time/day to contact you? (*Business hours during tax season are M-F 8AM-7PM and Sat 9AM-4PM*)

M \_\_\_\_ T \_\_\_\_ W \_\_\_\_ Th \_\_\_\_ F \_\_\_\_ S \_\_\_\_ 8AM-12PM \_\_\_\_ 12PM-4PM \_\_\_\_ 4PM-7PM \_\_\_\_

## Marketplace Health Insurance (Obama Care) / IP Pin

Were you, or anyone in your household, enrolled in a **Marketplace Health Insurance Plan** (Obama Care)? Yes \_\_\_ No \_\_\_

Were you, or anyone in your household, issued an **Identity Protection Pin** (IP PIN) by the IRS? Yes \_\_\_ No \_\_\_

If yes, please include the letter sent to you or write the IP PIN(s) below. *(Please include who the pin belongs to.)*

IP PIN #1 \_\_\_\_\_ Name \_\_\_\_\_ IP PIN #2 \_\_\_\_\_ Name \_\_\_\_\_

## Dependents

(or persons living in your household). Use the back of this form if more room is needed)

First and Last Name	Relationship to Taxpayer	Date of Birth	Social Security #	Full Time Student?	School Attended

Did you bring proof of residency for qualifying children? \_\_\_\_\_ If not, can you provide proof of residency? \_\_\_\_\_

Do you have any additional information that we should know? \_\_\_\_\_

## Document Checklist

Income: Check all that apply and include the requested documents, if available.

Income From:	Check if Yes	Income From:	Check if Yes
Employer (W2)		Self-Employment (1099-NEC)	
Interest (1099-INT)		Social Security or Retirement	
Dividends (1099-DIV)		Rental Property	
Stock or Mutual Fund Sale (1099-B)		Royalties	
1099 Misc.		Unemployment Benefits	
HSA (1099-SA/5498-SA )		Other	

## Expenses

Check all that apply and include the requested documents, if available.

Expenses From:	Check if Yes	Documents Provided
Self-Employment <i>(You must include income/expenses)</i>		
Education		
Medical/Dental		
Rental Property <i>(Must include rental income and expenses)</i>		
Other		

### Education

Is anyone in your household attending college? \_\_\_\_\_ Did they receive a 1098-T \_\_\_\_\_

**School Expenses:** Enter the amount spent

Books \_\_\_\_\_ School supplies \_\_\_\_\_ Software \_\_\_\_\_ Technology \_\_\_\_\_

### Credits & Deductions:

Check all that apply and include the requested documents, if no documents are available, write amount.

Did You or your Spouse:	Check if Yes	Did You or your Spouse:	Check if Yes
Have Charitable Contributions?		Have a Mortgage Payment?	
Make an IRA Contribution?		Adopt a Child?	
Have HSA or FSA Contributions?		Sell a Home? <small>(If you sold/bought a home, please include closing paperwork and expenses of sale.)</small>	
Pay Child Care Expenses?			
Have Student Loan Interest?		Have Gambling Winnings or Losses?	
Pay Property Taxes?		Sell stocks or bonds?	
Have Marketplace Health Insurance?		Have an early distribution from 401k?	

### Additional Comments

---



---



---



---



---



---



---

**\*Please send/leave all W2s, 1099s, 1098s, and anything else that may be useful in the preparation of your tax return.**

**\*We must have a current copy of your drivers license included with your tax documents before we can file your return.**

**\*We will contact you with any questions and to finalize your return.**

*If emailing your tax documents please send to [Taxprep@DeathAndTaxesOKC.com](mailto:Taxprep@DeathAndTaxesOKC.com)*

*If mailing your tax documents please mail to P.O. Box 30757, Midwest City, OK 73140*