

### Drop off Sheet

Name:

Telephone #:

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Children or others whom you are claiming as dependents:

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### Drop off Questions

1. Please list your occupation (optional): Taxpayer\_\_\_\_\_ Spouse\_\_\_\_\_
2. Best time to call: \_\_\_\_\_ (Phone/Text)
3. Has your address changed (Y/N)? New Address:\_\_\_\_\_
4. Email address: \_\_\_\_\_ Spouse Email:\_\_\_\_\_
5. Has your bank information changed (Y/N). If so, we need the new information, preferably a voided check.
6. Do you have any out-of-state purchases (clothing in MN etc.) that you did not pay sales tax on (Y/N)? If so how much?
7. Do you own a home (Y/N)? If so we need property taxes and mortgage interest if applicable (form **1098**)
8. Did you pay rent (Y/N). If so, how much per month? \_\_\_\_\_ For how many Months? \_\_\_\_\_ Was heat included (Y/N)
9. Did you have any student loan interest (Y/N)? If so, we will need the **1098-E**
10. Did you or your children attend any secondary schooling (tech or college) (Y/N)? If So, we will need information regarding tuition, books, fees, grants and scholarships.
11. If you are between the ages of 18-24, are your parents claiming you (Y/N)?
12. Did you cash out any retirement accounts (Y/N)? If so, we will need the **1099R**.
13. Did you have any canceled debt (Y/N)? If so, we will need the **1099C** or **1099A**
14. If you qualify for homestead credit, please bring in the rent certificate(s).
15. Did you have any virtual currency transactions (Bitcoin Etc) (Y/N)?
16. Did you receive any unemployment (Y/N)? If so, we will need the **1099G**
17. Teachers, did you purchase up to \$300 worth of school supplies (Y/N)?
18. Did you buy a Qualifying New Vehicle (Y/N) (After 12/31/2024)? If so,
  1. VIN # \_\_\_\_\_ and Interest paid \_\_\_\_\_
  2. VIN # \_\_\_\_\_ and Interest paid \_\_\_\_\_
19. Did you contribute to an IRA this year (Y/N)? Are you interested in contributing (Y/N)?
  1. Taxpayer
    1. Traditional \_\_\_\_\_ Roth \_\_\_\_\_
  2. Spouse
    1. Traditional \_\_\_\_\_ Roth \_\_\_\_\_
20. Did you or your spouse work overtime this year (Y/N)? If so, do you have records if it isn't on your W-2 (last pay stub)?
21. Did you or your spouse renew your drivers license (Y/N)?

Taxpayer	Spouse
Issue Date:	Issue Date:
Expiration Date:	Expiration Date:

### **Insurance Questions**

1. Did you use any money from your **HSA** (Y/N) If so, we need form **1099-SA**. Was it used for medical/dental only (Y/N)?
2. Did you contribute to an **HSA** (Y/N)? If so, we need the **5498-SA** Form
3. Do you have any supplemental Insurance (Y/N)? If so,
  1. Taxpayer Months \_\_\_\_\_ How much per month \_\_\_\_\_
  2. Spouse Months \_\_\_\_\_ How much per month \_\_\_\_\_
4. Did you or your spouse have insurance through the marketplace (Y/N)? If so, you need the **1095A** form

### **Dependent Questions**

#### ***Earned Income Credit (EIC), American Opportunity Tax Credit (AOTC), Child Tax Credit (CTC), and Additional Child Tax Credit (ACTC)***

1. Number of Months the child(children) lived with you?
2. Did the child(children) live in the us with you over half the year (Y/N)?
3. Can anyone else claim the child(children) for EIC (Y/N)?
4. Can you provide documentation to substantiate eligibility for and the amount of the credit(s) claimed on the return if his/her return is selected for audit? (school records, medical records, or court papers) (Y/N)
5. Were any of these credits (EIC, AOTC, CTC, or ACTC) disallowed or reduced in a previous year (Y/N)?
6. Is there an active Form 8332, Release/Revocation of Claim to Exemption for Child by Custodial Parent, or a similar statement in place and, if applicable, did you attach it to the return (Y/N)?
7. Did you have any daycare expenses (Y/N)? if yes, please provide the sheet from the daycare(s) or please provide:

1. Name _____	Name 2 _____
2. Address _____	Address 2 _____
3. Tax ID _____	Tax ID 2 _____
4. Amount _____	Amount 2 _____