

Drop off Sheet

Name:

Telephone #:

Children or others whom you are claiming as dependents:

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 _____