# Drop Off Sheet 2023

Date Dropped off: _____

Date of appointment (if applicable): _____

**Did we file your 2022 tax return?  ☐ YES  ☐ NO  If no, please provide copy of most recently filed tax return**

Client name(s): _____ DOB: _____

Did your address change last year? ☐ NO ☐ YES: _____

Phone number: _____ Best time to call (please list specific time): _____

Email address: _____

**Would you be interested in using a client portal for obtaining and submitting information in the upcoming year?    ☐Yes     ☐No**

Did your license expire last year? ☐ NO    If Yes, or new client: please provide for photocopy

Direct Deposit:   ☐ Same      ☐ New:                    ☐ Opt-out / Prefer checks mailed

Name of bank: _____

Routing #: _____ Acct#: _____

☐Checking       ☐ Savings

| Please check yes or no: | Y | N | Please circle or provide: |
|---|---|---|---|
| Did your marital status change? | | | Please circle:    Marriage   Divorce  Separation |
| Any change in dependents? | | | Name, DOB, SSN (Additional space on back if needed): |
| Any financial interest or signature authority in a foreign bank account or own property in a foreign country? | | | Please provide documentation |
| Did you own/sell/exchange Bitcoin or Crypto currencies? | | | Please provide year end documentation |
| Did you purchase or sell a home? | | | Please provide Settlement Statement or Disclosure Statement |
| Did you receive unemployment? | | | 1099-G must be obtained online through NYS Dept of Labor |
| Did you receive any payments from a retirement account or 401K? | | | Please provide 1099-R |
| Did you make any charitable donations? | | | How much? $          If greater than $250 provide support |
| Any job-related expenses that were not reimbursed? (ie union dues, uniforms, mileage) | | | How much? $          Please provide proof |
| Did you pay education expenses? | | | Please provide 1098-T from college |
| Did you make any Energy Efficient improvements to your house? | | | Please provide itemized receipt (No kitchen appliances, including washer/dryer) |
| Did you receive Health insurance through the Marketplace? | | | Please provide 1095-A |

**How would you like to receive the completed return?    ☐Printed     ☐Emailed**

Any additional comments or questions, please use back side