



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?

2024 ____ 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 ____

Client Name:	Spouse Name:
Occupation:	Occupation:
Social Security #	Social Security #
Client Date of Birth:	Spouse Date of Birth:
Cell Phone	Cell Phone
Email	Email

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

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