

Preferred Tax Service Drop Off Form

Date dropped off _____ Time frame of turnaround expected _____

Are you a prior client? Yes _____ No _____ If yes, fill only new or changed information

Name of Preparer (if requesting one) _____

Taxpayer's Name _____

Social Security # _____ DOB _____ Occupation _____

Spouse's Name _____

Spouse's SS# _____ DOB _____ Occupation _____

Address _____ City _____ State _____ Zip _____

Taxpayer's Phone _____ Spouse's Phone _____

County _____ School District _____

Dependents

Name _____ SS# _____ DOB _____ Relationship _____

Name _____ SS# _____ DOB _____ Relationship _____

Name _____ SS# _____ DOB _____ Relationship _____

Name _____ SS# _____ DOB _____ Relationship _____

Health Insurance

Does anyone in the household have insurance through the Marketplace? Yes _____ No _____

Filing Status:

Married filing Joint _____ Married filing separate _____ Single _____ Head of Household _____

Qualifying widow (er) with dependent child _____ Spouse's date of death _____

Direct Deposit Information

Bank or Credit Union name _____

Checking Account _____ Saving Account _____

Bank Routing # _____ Bank Account # _____

Tax returns that you would like for us to prepare?

Federal _____ State _____ City _____ School District (if applies) _____

Did you move this year? _____ If so, please list cites and dates of residency for each city

Taxpayer Driver's License # and State _____

Issue Date _____

Expire Date _____

Spouse Driver's License # and State _____

Issue Date _____

Expire Date _____