Drop off Sheet

Name:			Telephone #:			
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Childr	en or others whom	you are claiming as deper	idents:			
Drop off Questions						
	. Please list your occupation (optional): Taxpayer Spouse					
2.						
3.						
4.	Email address: Spouse Email: Has your bank information changed (Y/N). If so, we need the new information, preferably a					
5.	-	ormation changed (Y/N).	If so, we need the nev	v 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					
7.	-	ne (Y/N)? If so we need p	roperty taxes and mor	tgage interest if applicable		
	(form 1098)					
8. Did you pay rent (Y/N). If so, how much per month?For how many				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 wil					
	need information i	regarding tuition, books, f	ees, grants and scholar	rships.		
11.	. If you are between	the ages of 18-24, are yo	our parents claiming yo	ou (Y/N)?		
12.	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 s	o, we will need the 10	99C or 1099A		
14.	. Do you owe a pay	ment to the first time hon	e buyer credit (Y/N)?	If so, how much?		
15.	15. If you qualify for homestead credit, please bring in the rent certificate(s).					
16.	16. Did you have any virtual currency transactions (Bitcoin Etc) (Y/N)?					
17.	17. Did you receive any unemployment (Y/N)? If so, we will need the 1099G					
18.	18. 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 the 1099-SA
- 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, how much?
- 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)?
- 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