

COLLINS ACCOUNTING & TAX SERVICE

TAX RETURN DROP OFF SHEET

Please review and complete this checklist, where applicable, in lieu of an appointment. Your extra effort in completing this form assists us to prepare your tax return efficiently and accurately. Your tax professional will contact you shortly to ask any additional questions required to complete your tax return. **Feel free to write any additional information or questions you might have at the end of this checklist.**

Did you have your tax return prepared at Collins Accounting & Tax Service last year? YES NO
If no please attach a copy of your prior year tax return.

CLIENT NAME _____

New Clients Only: Date of Birth _____ Occupation _____ SS#: _____

SPOUSE'S NAME _____

New Clients Only: Date of Birth _____ Occupation _____ SS#: _____

CURRENT PHONE NUMBER _____ BEST TIME TO CALL _____

ALTERNATE PHONE NUMBER (If applicable) _____

EMAIL ADDRESS _____

Would you like your 2018 tax organizer emailed to you? YES NO

State of residence: _____ Did you live and work the entire year in this state? YES NO

If no, list other state(s): _____

Is the address shown on last year's return still current? YES NO

If no, enter current address: _____

Date moved to new address: _____

Dependents (if different from the prior year):

Name _____ SSN _____

Date of Birth _____ Relationship _____

Name _____ SSN _____

Date of Birth _____ Relationship _____

*If more than two, use the back of this sheet.

Your Situation: (Check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> College or High School Student | <input type="checkbox"/> Own Home |
| <input type="checkbox"/> Claimed on parents or other return | <input type="checkbox"/> Have Mortgage |
| <input type="checkbox"/> Member of the Military | <input type="checkbox"/> Have Investments (include Statement) |
| <input type="checkbox"/> Spouse is member of the Military | <input type="checkbox"/> Own Business |
| <input type="checkbox"/> Retired | <input type="checkbox"/> Own Rental Property |
| <input type="checkbox"/> Working | <input type="checkbox"/> Spouse passed on _____ / _____ / 2017 |

Has your filing status changed?

- Got Married: (Include Spouse Name & SS# _____) Filing: Joint Separate
- Divorced: Date divorce final _____ / _____ / 2017
- Head of Household (must have paid more than 50% support for a qualifying relative)
- No Change

Income		Adjustments & Credits			
<u>Check all that apply</u> Please attach all W2's, 1099's & other related statements.		<u>Check all that apply</u> Please include documentation. (enter \$ amounts only if other documentation is not attached)			
<input type="checkbox"/> Wages (W-2) If no, explain: _____ Number of W-2's: _____		<input type="checkbox"/> Education Expenses (books, supplies, equipment) Tuition /Fees Paid (1098-T). <u>MUST ATTACH 1098-T and student account activity statement showing tuition paid in 2017.</u>			
<input type="checkbox"/> Interest & Dividends (1099-INT or DIV)					
<input type="checkbox"/> IRA,401(k), Pension & Annuity distributions (1099-R)		<input type="checkbox"/> Student Loan Interest Paid \$ _____			
<input type="checkbox"/> Income from Estates & Trusts or a Business (K-1)		<input type="checkbox"/> Health Savings Account (HSA) Contribution \$ _____			
<input type="checkbox"/> Tax Refunds (State & Local, 1099-G)		<input type="checkbox"/> Moving Expenses (may not be deductible) \$ _____			
<input type="checkbox"/> Social Security (1099-SSA)		<input type="checkbox"/> IRA Contribution-Traditional \$ _____ Roth \$ _____			
<input type="checkbox"/> Gambling or Lottery (W2G) Indicate gambling losses, if any \$ _____		<input type="checkbox"/> Alimony Paid \$ _____ SS# _____			
<input type="checkbox"/> Unemployment Compensation (1099-G)					
<input type="checkbox"/> Debt Cancellation (1099-C)					
<input type="checkbox"/> Jury Duty, Executor Fees \$ _____					
<input type="checkbox"/> Investment Sales (1099-B or Brokerage Statement)					
<input type="checkbox"/> Alimony Received \$ _____ SS# _____					
Deductions					
(enter \$ amounts only if other documentation is not attached)					
Medical	\$	Interest & Taxes	\$	Job & Misc.	\$
<input type="checkbox"/> Drugs & Medicines		<input type="checkbox"/> Mortgage Interest-Primary		<input type="checkbox"/> Job Travel Mileage	
<input type="checkbox"/> Medical Ins. Premiums		<input type="checkbox"/> Mortgage Interest-Secondary		<input type="checkbox"/> Union Dues	
<input type="checkbox"/> Doctors, Dentists, Etc.		<input type="checkbox"/> Home Mortgage to Individual Provide Name, SSN, and Address in Notes on next page		<input type="checkbox"/> Job Education (must be for education that improves your job skills and that your employer or law requires to keep your job)	
<input type="checkbox"/> Hospitals, Clinics, Etc.		<input type="checkbox"/> Private Mortgage Ins (PMI)		<input type="checkbox"/> Job Seeking Expense	
<input type="checkbox"/> Glasses & Lenses		<input type="checkbox"/> Deductible Points		<input type="checkbox"/> Dues & Subscription	
<input type="checkbox"/> Transportation, Parking		<input type="checkbox"/> Personal Prop. Tax (MI Plates)		<input type="checkbox"/> Uniforms	
<input type="checkbox"/> Mileage		<input type="checkbox"/> Real Estate Taxes		<input type="checkbox"/> Safe Deposit Box	
<input type="checkbox"/> Long Term Care Premium		<input type="checkbox"/> Real Estate Taxes-2 nd Home		<input type="checkbox"/> Tolls & Local Transportation	
<input type="checkbox"/> Hearing Aids & Batteries		<input type="checkbox"/> Vehicle & Boat Taxes		<input type="checkbox"/> Investment Advice	
Contributions		\$		<input type="checkbox"/> Investment Interest Expense	
				<input type="checkbox"/> Tax Prep & Advisory Fees	
				<input type="checkbox"/> Educator Expenses	
				<input type="checkbox"/> Work Tools & Supplies	
				Losses	
				<input type="checkbox"/> Gambling	
				<input type="checkbox"/> Property	
<input type="checkbox"/> United Way					
<input type="checkbox"/> Church					
<input type="checkbox"/> Other Cash/Check					
<input type="checkbox"/> Non-Cash (Include List)					

College Education Credits & Contributions

<input type="checkbox"/> 529 Plan	College Savings Plans Contributions \$ _____	Withdrawals \$ _____
<input type="checkbox"/> Yes <input type="checkbox"/> No	Has the Hope Scholarship or American Opportunity Credit been claimed for the student four times before 2017?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Was the student enrolled at least half time for at least one academic period that began in 2017 at an eligible education institution in a program leading toward a degree, certificate, or other recognized post-secondary educational credential?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Did the student complete the first four years of post-secondary education before 2017?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Was the student convicted, before the end of 2017, of a felony for possession or distribution of a controlled substance?	

Other Items

Child & Dependent Care Expenses Paid:

None
 Dependent: _____
 Provider's Name & Address: _____

 EIN/SS# _____ Amount: _____

New Clients only: In prior years, did you?

Claim Energy Tax Credits? If so, what are the total credits claimed for ALL past years? \$ _____
 Receive a First Time Home Buyer Loan in 2008?

If you are entitled to federal and/or state refunds would you like to set up direct deposit YES NO
 If yes, please provide the following information:
 Direct Deposit information is the same as last year (if checked **do not** fill out the information below as your bank information is already on file)

Name of financial institution: _____
 Routing Number: _____
 Account Number: _____
 Checking Account Savings Account

Estimated Tax Payments: (enter \$ amounts and date payment made only if other documentation is not attached)

Federal
 1st Qtr. \$ ____ / ____ / ____ 2nd Qtr. ____ / ____ / ____ 3rd Qtr. \$ ____ / ____ / ____ 4th Qtr. \$ ____ / ____ / ____

State (Please Indicate State _____)
 1st Qtr. \$ ____ / ____ / ____ 2nd Qtr. ____ / ____ / ____ 3rd Qtr. \$ ____ / ____ / ____ 4th Qtr. \$ ____ / ____ / ____

Local (Please indicate Locality _____)
 1st Qtr. \$ ____ / ____ / ____ 2nd Qtr. ____ / ____ / ____ 3rd Qtr. \$ ____ / ____ / ____ 4th Qtr. \$ ____ / ____ / ____

Notes

You must be able to Document your Deductions

Authorization

By signing below, you are acknowledging that you have to the best of your knowledge, fully disclosed all necessary and accurate information for the preparation of your tax return(s) with the enclosed documents attached or written on this drop off form. If the information is not there, it will not be on your tax return.

Signed _____ Date ____ / ____ / ____

NEW CLIENTS ONLY: Your DL# _____ Spouse DL# _____

Date Issued: ____ / ____ / ____ Expires: ____ / ____ / ____ Date Issued: ____ / ____ / ____ Expires: ____ / ____ / ____