

# COLLINS ACCOUNTING & TAX SERVICE

## TAX RETURN DROP OFF FORM

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 on the back of this sheet. NEW CLIENTS NEED TO PROVIDE A COPY OF SS CARD FOR ENTIRE FAMILY AND PRIOR YEAR TAX RETURN.**

Your first name	Last Name	Your date of birth	Social Security Number (SSN)	
Spouse's first name	Last Name	Spouse's date of birth	Spouse's SSN	
Mailing address		City	State	Zip Code
Your telephone number	Spouse's telephone number		Email address	
<b>Did you live or work in two or more states in 2024?</b>		<input type="checkbox"/> YES <input type="checkbox"/> NO		

<b>Check if you or your spouse were in 2024:</b>			Legally blind			<input type="checkbox"/> YOU	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> NO
A US citizen	<input type="checkbox"/> YOU	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> NO	Totally and permanently disabled	<input type="checkbox"/> YOU	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> NO	
In the US on a Visa	<input type="checkbox"/> YOU	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> NO	Issued identity protection PIN (IP PIN)	<input type="checkbox"/> YOU	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> NO	
A full time student	<input type="checkbox"/> YOU	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> NO	Owners or holder of any digital assets	<input type="checkbox"/> YOU	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> NO	

<b>If due a refund, how would you like your refund:</b>			<b>If you have a balance due, how would you like to make your payment?</b>		
Direct Deposit	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Bank account	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Same account as last year?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Mail payment to IRS	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Check by mail	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<i>Please provide a voided check if new bank account.</i>		

<b>As of December 31, 2024, what was your marital status:</b>					
<input type="checkbox"/> Same as last year	<input type="checkbox"/> Married	If married were you married for all of 2024? <input type="checkbox"/> YES <input type="checkbox"/> NO			
<input type="checkbox"/> Never married	Did you live with your spouse during any part of the last six months of 2024? <input type="checkbox"/> YES <input type="checkbox"/> NO				
<input type="checkbox"/> Divorced	Date of final decree _____	<input type="checkbox"/> Widowed	Year of spouse's death _____		

List the names below of everyone who lived with you last year (except your spouse) AND anyone you supported but did not live with you last year.					Answer Yes or No (Y or N)			
Name (first, last)	Date of birth	Social security number	Relationship to you	Number of months lived in your home in 2024	US Citizen	Provided over 50% support	Full-time student	Disabled

Could another person qualify to claim any of the individuals above?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Did any of the individuals listed earn more than \$5,050 in 2024?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, circle dependent above.
Did you incur childcare expenses?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Please provide statement.
Did you and/or your spouse make any contributions to a 529 plan?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Please provide statement.
Did any of the individuals listed receive an IP PIN?	<input type="checkbox"/> YES <input type="checkbox"/> NO	List PIN & Dependent:
Did any of the individuals listed receive over \$1,300 in unearned income (i.e., interest, dividends, scholarships, etc.)?	<input type="checkbox"/> YES <input type="checkbox"/> NO	

**\*\*Please note that you may not claim the Child Tax Credit (CTC) or the Additional Child Tax Credit (ACTC) if your dependent did not live with you for more than half the year.\*\***

<b>Income &amp; Expenses: Answer the following questions. Check only the boxes that apply to you and/or your spouse.</b>	<b>Tax Related Events: Answer the questions. Check only the boxes that apply to you and/or your spouse.</b>
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<b>Received money from any of the following in 2024:</b>
<input type="checkbox"/> Wages as a part-time or full-time employee
<input type="checkbox"/> Retirement account, pension or annuity proceeds
<input type="checkbox"/> Disability benefits (such as payments from insurance and worker's compensation)
<input type="checkbox"/> Social Security or Railroad Retirement Benefits
<input type="checkbox"/> Unemployment benefits
<input type="checkbox"/> Refund of state or local income tax
<input type="checkbox"/> Interest or dividends (bank account, bonds, etc.)
<input type="checkbox"/> Sale of stocks, bonds or real estate
<input type="checkbox"/> Alimony
<input type="checkbox"/> Income from renting out your house or a room in your house
<input type="checkbox"/> Income from renting personal property such as a vehicle
<input type="checkbox"/> Income from farming
<input type="checkbox"/> Income from partnership or S-Corporation (K-1)
<input type="checkbox"/> Credit card & third party network transactions (1099-K)
<input type="checkbox"/> Gambling winnings, including lottery
<input type="checkbox"/> Payments for contract or self-employment work
<input type="checkbox"/> Any other money received during the year? (example: cash payments, jury duty, awards, digital assets, royalties, union strike benefits)

<b>Did any of the following happen during 2024?</b>
<input type="checkbox"/> You or someone in your family took educational classes (technical school, college, etc.)
<input type="checkbox"/> Sell a home
<input type="checkbox"/> Make contributions and/or receive distributions from health savings account (HSA)
<input type="checkbox"/> Purchase health insurance through the Marketplace (Exchange)
<input type="checkbox"/> Purchase and install energy-efficient home items (i.e., windows, furnace, insulation, etc.)
<input type="checkbox"/> Have credit card, mortgage, or other debt cancelled/forgiven by a lender
<input type="checkbox"/> Have a loss related to a declared Federal disaster area
<input type="checkbox"/> Have a tax credit disallowed (example: earned income credit, child tax credit, or American opportunity credit)
<input type="checkbox"/> Make estimated tax payments or apply last year's refund to 2024 taxes
<input type="checkbox"/> Member of the military
<input type="checkbox"/> Receive forgiveness on a qualifying federal student loan
<input type="checkbox"/> Have a financial interest in or signature authority over a financial account located in foreign country
<input type="checkbox"/> Made gifts to any one person in excess of \$18,000 during the year

<b>Paid any of the following expenses to itemize in 2024?</b>
<input type="checkbox"/> Mortgage Interest
<input type="checkbox"/> Taxes: state, local, real estate, sales, etc.
<input type="checkbox"/> Medical, dental, prescription expenses
<input type="checkbox"/> Charitable contributions (cash or non-cash)

<b>Miscellaneous Information:</b>
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<b>Paid any of these expenses in 2024?</b>
<input type="checkbox"/> Student loan interest
<input type="checkbox"/> Contributions to a retirement account
<input type="checkbox"/> School supplies by a teacher, teacher's aide or other educator
<input type="checkbox"/> Alimony payments (do not include child support)
<input type="checkbox"/> Auto expense for your business
<input type="checkbox"/> Moving expenses related to work relocation with the military
<input type="checkbox"/> Gambling losses (only if you have gambling winnings)
<input type="checkbox"/> Adoption expenses

May the IRS discuss your tax return with your preparer? <input type="checkbox"/> YES <input type="checkbox"/> NO
Would you like a copy of your tax return sent to you electronically instead of receiving a printed copy? <input type="checkbox"/> YES <input type="checkbox"/> NO
Would you like to receive customer service texts from Collins Accounting & Tax Service? We will not send you messages without your consent. <input type="checkbox"/> YES <input type="checkbox"/> NO
Checking "Yes" indicates you agree to receive appointment reminder and confirmation text messages from us. You may reply STOP any time to cancel or call us.

**\*\*Please attach all relevant supporting documents. \*\*If there is additional information or notes you would like to provide that are necessary in the preparation of your tax return, please include details on the next page. \*\***

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 here, it will not be on your tax return and an amended return may be required at an additional fee plus any penalty and interest assessed by the IRS on the amended tax return.

Signed \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_