

DROP-OFF FORM

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

# of W-2s \_\_\_\_\_ # of Interest and Dividend accounts \_\_\_\_\_

# of 1099Rs \_\_\_\_\_ # of Social Security 1099s \_\_\_\_\_ Other income \_\_\_\_\_

Please answer yes or no to the following:

Can you claim the same dependents as you did last year? \_\_\_\_\_ Any new dependents? \_\_\_\_\_

If yes, we will need a copy of their social security card, birthdate and full name. If no, list changes.

Were you and all members of your household covered by health insurance the entire year? \_\_\_\_\_ If

your answer is no, we will need to meet with you.

Did you, or anyone in your household obtain health insurance through the Marketplace (Obamacare) \_\_\_\_\_

If yes, please be sure to include forms 1095A.

Did you sell any property or investments during the year? \_\_\_\_\_

Did you withdraw any money from a retirement account? \_\_\_\_\_

Did you start or run a business during the year? \_\_\_\_\_

Did you rent out a house, building or other asset? \_\_\_\_\_

Did you put any money into an IRA? \_\_\_\_\_ If yes, how much? \_\_\_\_\_ Roth or Traditional (circle)

Did you pay any student loan interest? \_\_\_\_\_ Amount? \_\_\_\_\_

Do you rent? \_\_\_\_\_ How much rent did you pay in 2016? \_\_\_\_\_ Was heat included? \_\_\_\_\_

Do own your home? \_\_\_\_\_ Please include your property tax statement for the taxes paid in 2016.

Did you pay for any supplemental insurance, COBRA or other type of insurance? \_\_\_\_\_ This does not

include health insurance deducted from your paycheck or Medicare. Amount? \_\_\_\_\_

Any long-term care (nursing home) insurance? \_\_\_\_\_ Amount per person? \_\_\_\_\_

Did you make any estimated payments? If yes, enter information below:

IRS		WI	
Date paid _____	Amount _____	Date paid _____	Amount _____
Date paid _____	Amount _____	Date paid _____	Amount _____
Date paid _____	Amount _____	Date paid _____	Amount _____
Date paid _____	Amount _____	Date paid _____	Amount _____

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If you think you might be able to itemize your deductions, please complete the following:

Medical bills paid in 2016 \_\_\_\_\_

Dental bills paid in 2016 \_\_\_\_\_

Hearing or eye expenses paid in 2016 (includes glasses, contact, hearing aids and batteries) \_\_\_\_\_

Prescription drugs expenses \_\_\_\_\_

Mileage for round-trip travel to any of the above \_\_\_\_\_

Mortgage interest paid (1098) \_\_\_\_\_ Mortgage insurance premiums \_\_\_\_\_

Home equity interest paid \_\_\_\_\_ Was the home equity loan over \$100,000? \_\_\_\_\_

Contributions:

Cash or equivalent \_\_\_\_\_ If over \$250 given to an organization at one time, include receipt

Donations \_\_\_\_\_ If over \$500 include receipts, fair market value

Miscellaneous deductions:

Safety equipment for job \_\_\_\_\_

Union Dues \_\_\_\_\_

Expenses incurred for work but not reimbursed by employer \_\_\_\_\_ List \_\_\_\_\_

Non-IRA investment fees \_\_\_\_\_

Can you claim educational expenses from post-secondary schools? \_\_\_\_\_ Include 1098T(s) from schools. We will need to contact your for more information.

Did any of your children attend private school (grades K thru 12)? \_\_\_\_\_ Please include tuition statement(s) and the grades attended in 2016.

By choosing to drop off my income tax information, I acknowledge I may not be taking advantage of all the tax deductions, and or credits I am entitled to. I understand I can choose to schedule an appointment with a tax preparer. I certify I have reported all mine, and my spouse's income including income no specifically listed on this form. I also certify all the documents provided Fox Cities Tax belong to me and/or my spouse. I certify all information written on this form are correct I understand an employee of Fox Cities Tax may contact me to clarify or obtain more information. I acknowledge there may be some circumstances where I will be required to meet with a tax preparer before my tax returns can be completed. I acknowledge that my tax returns will be prepared with the information provided Fox Cities Tax. I certify that I hold Fox Cities Tax harmless for any additional taxes, penalties and interest caused by my omission or overstatement of income and deductions.

\_\_\_\_\_

Date \_\_\_\_\_