

Drop Off Tax Information

Name(s): _____

Address: _____

Physical Street Address

City

Zip

Municipality

School District

Telephone: _____

Cell

Home

Email Address: _____

Full Name

Relationship

[DOB & SS# for NEW dependants only]

Dependent(s) _____

Being Claimed _____

Have any of the following changes occurred in the last year?

Please circle all that apply

| | |
|----------------------|-------------------------------|
| Moving | Energy Efficient Improvements |
| Employment changes | Change in household residents |
| Birth | College Enrollment |
| Bank Account Changes | Unemployment |
| Disabled | Retirement |

*If these changes have occurred you

must schedule an appointment

Marriage

Separation

Divorce

Death

Unreimbursed Employee Expenses

Please have these amounts totaled and organized

Please circle all that apply

| | |
|------------|---------------|
| Mileage | Uniforms |
| Tools | Hotel/Travel |
| Union Dues | Misc Expenses |
| License | |

If we need to calculate please schedule an appointment
An additional sheet is available to assist with the organization
and computation of these amounts.

Estimated tax payments Yes/No

Deposits in IRAs Yes/No

Total: _____

For Whom: _____

Charitable giving Yes/No

Student Loan Interest Yes/No

Please list

Medical Expenses (please have totaled)

Childcare expenses Yes/No

Provider Statement Yes/No

If due a refund would you like Direct Deposit

Health Insurance Full Year Yes/No

Yes/No Please provide a voided check

Purchased via MarketPlace Yes/No

*If gaps occurred please schedule an appointment

I verify that the above information is true and correct. I authorize Hudson Business Service to compile my Federal/State and/or Local Tax return based upon this information. I understand that my returns will not be e-filed until I have signed for and picked up my copy of the return(s).

Signature(s) _____

Date _____