

## **Drop off Form**

Are yo	u a returning	Wink Tax Client? □ Y	□ N				
If yes,	do you have	a preferred tax profess	sional? (Please provi	ide their name):			
What o	date would yo	u like for your return to	be ready?			<del> </del>	
Client	Information:	:					
	l Status: gle   □ Marrie	d   □ Head of Househ	old   □ Widowed				
Primary Taxpayer Name:				Spouse Name			
Date of Birth:				Spouse Date of Birth:			
SSN or ITIN:				_ Spouse SSN or ITIN			
Occupation:				_ Occupation			
Physical Address:				· · · · · · · · · · · · · · · · · · ·			
City, State, Zip:				different):			
Preferred Contact Method: □ Email   □ Phone							
Best Phone Number:				Best Phone Number:			
Email:				Email:			
Driver's License #:				Driver's License #:			
Date Issued:State Issued: Date Expired:				Date Issued:	State Issued:	Date Expired:	
Dependents (or person living in your household)							
	Name	Relationship	Date of Birth	SSN or ITIN (new clients only)	Full-time Student?	Disabled?	

Did all dependents live with the primary taxpayer all year?  $\square$  Yes |  $\square$  No

## Check all items that apply and provide supporting documents

Itemized Deductions		
lical expenses (PAID)  After-tax insurance premiums  Hospital/Doctors/Dentists  Long-term insurance premiums Prescriptions Hearing aids/batteries Eyeglasses/contacts/contact solution Medical mileage		
☐ Marketplace Health Insurance I estate taxes Sconal property taxes The mortgage interest (Form 1098) The mortgage interest (cash/check) The contributions (cash/check) The contributions (noncash) T		
d and dependent care expenses cation expenses □ Forms 1098T - E - or 1099Q idential energy expenses otion expenses		
mated taxes paid (federal and state) ension payment		
e-time homebuyer credit repayment sehold employee information received or purchase of a personal residence 0-1 statement - home purchase or refinance crypto Currency - Bought, Sold, Traded or Spent Virtual Currency - Did Not use Virtual Currency		
state C		