

Drop-Off Questionnaire

PLEASE PRINT CLEARLY!



p.o. box 4485, jackson, wy 83001
powderhorn mall, 307.733.2408

Star Valley 307.885.5409

TITLE : Mr. Ms. Mrs. Mr. & Mrs.

Today's Date: _____

FIRST (Primary) MI LAST Sfx Date of Birth Social Security No. Occupation

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Box # Physical Address City State Zip Code

AM PM

Home Phone Business Phone Cell Phone Best Time to Call

Filing Status: Single Married Filing Joint Married Filing Separate Head of Household

Are you being claimed as a dependent of someone else's tax return? Yes No

Do you wish to contribute \$3 to the Presidential Election Campaign? Yes No

Did you earn income from another state? Yes No Dates of residency/work (Include those W2s) _____

How do you want to receive your refund? Electronic Check

Please list children or other dependents living with you.

Full Name (as written on social security card)	Date of Birth	Social Security Number	Months lived with	Relationship	Income or Soc. Sec. Benefits

How many W2s do you have? _____ Are they attached? Yes No Did you itemize last year's return? Yes No

Did you have income from any of the following:
(Please attach all 1099s and W-2Ps)

- Interest
- Dividends
- State tax refund
- Unemployment Compensation
- Social Security / or Railroad retirement benefits
- Pensions, annuities or IRA distributions

Did you sell:

- A house
- Property of any kind (e.g. real estate, cars, trucks, etc.)
- Stock or Mutual Fund
- Cash savings bond

It may be necessary to set up an appointment to complete your return.
A tax preparer from LINE ONE will contact you.

Did you have:

- A small business and/or rental
- Education expense, or student loan
- Partnerships, estates/trusts (please attach K-1s)
- Medical expenses
- Home mortgage or ownership of real estate (please attach form 1098)
- Contributions to charitable organizations
- Moving expenses
- Out-of-pocket job related expenses
- Contributions to an IRA
- Estimated tax payments
- Child Care Expenses

Provider's Name _____

Address _____

Social Security or Tax ID Number _____

Amount Paid \$ _____

(List any additional on the back of this form)