Office Use Only: DS QB

**Atlantic Accounting Associates – Drop Off Form**

1. **Please complete this form entirely and leave with the office staff.**
2. **Electronic filing will not occur until all tax documents are signed & fees for services are rendered.**
3. **Once your return is complete and you are notified, it MUST be picked up within two (2) weeks.**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City/ State/ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Banking Institution: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Checking \_\_\_\_\_ Savings \_\_\_\_\_

Routing #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Acct #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| **\* IMPORTANT \* Do you have any New Dependents? (Include SS# & DOB) Did you get Married, Divorced, Move, Buy and/or Sell a Home? Adoption/ Fostering/ Death etc.; please add in this space.** |

Email Address/es: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Taxpayers’ Driver’s License \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Issue Date: \_\_\_\_\_\_\_\_ Exp. Date \_\_\_\_\_\_\_\_ State Issued: \_\_\_\_**

**Spouse’s Driver’s License \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Issue Date: \_\_\_\_\_\_\_\_ Exp. Date \_\_\_\_\_\_\_\_ State Issued: \_\_\_\_**

In the year 2024; did you receive, sell, exchange, or dispose of any virtual currency? Yes\_\_\_\_ No\_\_\_\_

Please **✓** if you have applied for the Veteran Credit: Husband\_\_\_\_\_ Wife\_\_\_\_\_

The State of NJ Property Tax Credit REQUIRES the Block # \_\_\_\_\_\_\_\_\_\_ and Lot # \_\_\_\_\_\_\_\_\_\_ of your home.

**If you have health coverage through the Healthcare Insurance Marketplace, Form 1095-A is required to file your taxes to reconcile Premium Tax Credits. If missing, there will be a $75 additional fee.**

Do you have a scheduled appointment? (Y or N) if so, Date/ Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*\***Would you like to have Michael’s fee deducted from your refund? Yes\_\_\_\_ No\_\_\_\_

There is a $35 fee for this service along with additional fees from the software and the bank. If so, please provide the name of the high school you attended \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

**\*\* All taxpayers are required to provide a photocopy of their driver’s license for this service.**