

GOLD STAR DROP OFF SERVICE

Preparer requested (optional): _____

Preferred contact method (circle one): text email call Best time to contact you: _____

Date: _____

Name: _____ D.O.B. ____/____/____

Spouse Name: _____ D.O.B. ____/____/____

Current Address: _____

City: _____ State: _____ Zip: _____

Cell Phone: _____ Accept Texts? Yes No

E-mail Address: _____

Have you moved since you last filed? Yes No

How many W-2's # / 1099's #?. W2 _____ 1099 _____

Did you receive any unemployment? (**enclose 1099-G**) Yes No

Other Non-Taxable Income: Child support \$ _____ State cash assistance \$ _____

VA Disability Benefits \$ _____ Cash Gifts Received \$ _____

Alimony Received \$ _____ Alimony Paid \$ _____ Year of Divorce _____

Did you make any charitable contributions that you would have proof of? Yes \$ _____ No

Did you pay for any college tuition this year (**enclose 1098-T**)? Yes No

Did you pay for any child care? Yes No If yes, amount paid \$ _____

If yes, day care name _____

address _____

tax ID # _____

Did you do any energy saving improvements to your home last year? Windows \$ _____

Exterior Doors \$ _____ New Roof \$ _____ New Furnace or Central A/C \$ _____

New Water Heater \$ _____ Insulation \$ _____ Geothermal / wind / solar \$ _____

Did you contribute money into an IRA (not through work)? Yes \$ _____ No

Do you rent or own? Rent Own Neither

If you rent, how much do you pay per month? \$ _____

Number of months rented January to December _____ rented all 12 months

Landlords Name: _____

Landlords Address: _____

Is your heat cost included in rent? Yes No

Name of energy provider _____

Type of heat (circle one): Electric – Fuel Oil – Natural Gas – Propane – Wood / other

Are you Self Employed? Yes No

(if so, total all receipts into categories - **DO NOT DROP OFF RECEIPTS!**) (It is your responsibility to have receipts for all claimed deductions)

Did you have Marketplace health insurance last year? Yes No (*include form 1095-A*)

Did you own any property/accounts outside of the U.S.? Yes No

Did you sell or exchange any cryptocurrency last year (i.e. bitcoins)? Yes No

Has anything changed since you last filed? Yes No

If so, what changed? _____

PLEASE MAKE SURE YOU INCLUDE ALL PERTINENT PAPERWORK WHICH WILL BE USED TO PREPARE YOUR RETURN. GOLD STAR IS NOT RESPONSIBLE FOR MISSING OR INCOMPLETE DATA FURNISHED BY YOU.



Taxpayer: _____ Date: _____



Spouse: _____ Date: _____



